DOCUMENT RESUME

ED 359 991 JC 930 166

TITLE	Basis of Accreditation for Educational Programs in Allied Medical Disciplines.
INSTITUTION	Canadian Medical Association, Ottawa (Ontario).
PUB DATE	Jun 91
NOTE	130p.
AVAILABLE FROM	Canadian Medical Association, 1867 Alta Vista Drive, Ottawa, Ontario, Canada K1G 3Y6 ($20 Canadian).
PUB TYPE	Guides - Non-Classroom Use (055) -- Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Academic Standards; *Accreditation (Institutions); Accrediting Agencies; *Allied Health Occupations Education; Allied Health Personnel; Community Colleges; Eligibility; Evaluation Criteria; Foreign Countries; Guidelines; Institutional Evaluation; Program Administration; Program Descriptions; *Program Evaluation; *Technical Education; Two Year Colleges; *Vocational Education
IDENTIFIERS	*Canada

ABSTRACT

Designed as a guide to accreditation for educational programs in the allied medical disciplines in Canada, this report provides educators with guidelines, general requirements and requirements for specific programs. Following information on the organization, structure, goals and terminology of accreditation of allied medical programs in Canada, the first part provides general requirements and guidelines for programs in all allied medical disciplines in Canada. Guidelines are presented with respect to responsibility for educational programs, program committees, program objectives, program structure, program direction/coordination, didactic program staff, clinical education, instructor/student ratio, medical input, program records, program policies, educational facilities, recommended number of students, and program self-evaluation. Part II provides specific accreditation requirements and guidelines for programs in each of the following allied medical disciplines: medical laboratory technology (general and subject), cytotechnology, radiography, radiation therapy technology, nuclear medicine technology, diagnostic ultrasound technology, respiratory therapy (basic and advanced), emergency medical technology (levels I, II, and III), ophthalmic medical assisting technology, and cardiovascular perfusion technology. Appendixes include information on: categories of accreditation; steps in the accreditation process; responsibilities of accredited programs; and specific procedures for accreditation of subject and advanced programs in respiratory therapy as well as sample accreditation application forms. (PAA)

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ED359991

BASIS OF ACCREDITATION

FOR

EDUCATIONAL PROGRAMS

IN

ALLIED MEDICAL DISCIPLINES

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THE CANADIAN MEDICAL ASSOCIATION

CONJOINT COMMITTEES FOR ACCREDITATION

BASIS OF ACCREDITATION
FOR
EDUCATIONAL PROGRAMS
IN
ALLIED MEDICAL DISCIPLINES

MEDICAL LABORATORY TECHNOLOGY
(General and Subject)

CYTOTECHNOLOGY

RADIOGRAPHY

RADIATION THERAPY TECHNOLOGY

NUCLEAR MEDICINE TECHNOLOGY

DIAGNOSTIC ULTRASOUND TECHNOLOGY

RESPIRATORY THERAPY
(Basic and Advanced)

EMERGENCY MEDICAL TECHNOLOGY
(Levels I, II, III)

OPHTHALMIC MEDICAL ASSISTING TECHNOLOGY

CARDIOVASCULAR PERFUSION TECHNOLOGY

The *Basis of Accreditation* is developed by the
Conjoint Committees for the Accreditation of
Educational Programs in Allied Medical Disciplines.

June 1991 3

Although the allied medical disciplines are generally listed chronologically in the order in which they were included in the conjoint accreditation process, disciplines that are accredited by the same conjoint committee are listed consecutively.

The terminology used in an allied medical education program need not correspond exactly to the terminology used in the *Basis of Accreditation*, however, the equivalent program components must be in place to fulfill the functions specified in the *Basis of Accreditation*.

NOTE

(*) indicates revision

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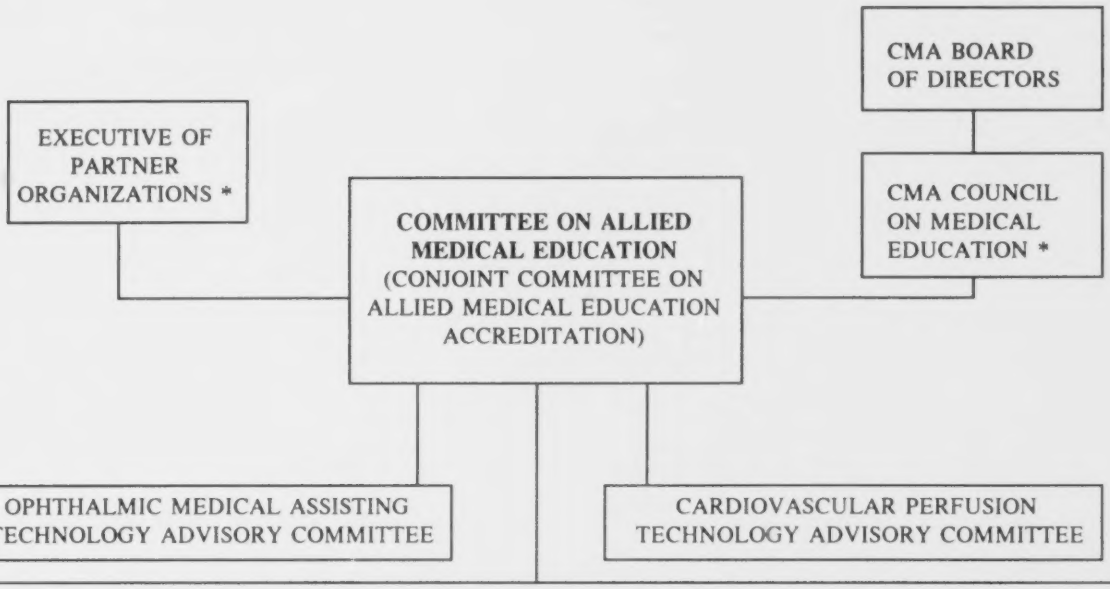
ORGANIZATIONS THAT COOPERATE IN ACCREDITATION

Representatives from the associations, societies or groups listed below constitute the membership of the advisory committees or conjoint committees for the various allied medical disciplines.

Association of Canadian Community Colleges
Canadian Anaesthetists' Society
Canadian Association of Emergency Physicians
Canadian Association of Medical Microbiologists
Canadian Association of Medical Radiation Technologists
Canadian Association of Nuclear Medicine
Canadian Association of Pathologists
Canadian Association of Radiation Oncologists
Canadian Association of Radiologists
Canadian Cardiovascular Society
Canadian Certified Ophthalmic Medical Assistants' Association
* Canadian Confederation of Ambulance Service Associations
Canadian Critical Care Society
Canadian Hematology Society
Canadian Hospital Association
Canadian Medical Association
Canadian Ophthalmological Society
* Canadian Organization of Medical Physicists
Canadian Orthoptic Society
Canadian Paediatric Society
Canadian Society for Transfusion Medicine
Canadian Society of Ambulance Personnel
Canadian Society of Cardiovascular and Thoracic Surgeons
Canadian Society of Clinical Chemists
Canadian Society of Clinical Perfusion
Canadian Society of Cytology
Canadian Society of Diagnostic Medical Sonographers
Canadian Society of Laboratory Technologists
Canadian Society of Prehospital Care Educators
Canadian Society of Respiratory Therapists
Canadian Thoracic Society
CMA Subcommittee on Emergency Medical Services
National Emergency Nurses' Affiliation
National Health and Welfare Committee of Ambulance Service Directors
Society of Obstetricians and Gynaecologists of Canada
The American Board of Cardiovascular Perfusion

(iv)

REPORTING STRUCTURE OF ACCREDITATION COMMITTEES *


CMA BOARD OF DIRECTORS
EXECUTIVE OF PARTNER ORGANIZATIONS *
CMA COUNCIL ON MEDICAL EDUCATION *
COMMITTEE ON ALLIED MEDICAL EDUCATION (CONJOINT COMMITTEE ON ALLIED MEDICAL EDUCATION ACCREDITATION)
OPHTHALMIC MEDICAL ASSISTING TECHNOLOGY ADVISORY COMMITTEE
CARDIOVASCULAR PERFUSION TECHNOLOGY ADVISORY COMMITTEE

CONJOINT COMMITTEES FOR THE ACCREDITATION OF EDUCATIONAL PROGRAMS IN ALLIED MEDICAL DISCIPLINES
showing the collaborating organizations that comprise the membership

EMERGENCY MEDICAL TECHNOLOGY	MEDICAL LABORATORY TECHNOLOGY [1]	RESPIRATORY THERAPY [2]	DIAGNOSTIC IMAGING AND MEDICAL RADIATION TECHNOLOGIES [3]
Canadian Society of Ambulance Personnel	Canadian Society of Laboratory Technologists	Canadian Society of Respiratory Therapists	Canadian Association of Medical Radiation Technologists
Canadian Society of Prehospital Care Educators	Canadian Association of Pathologists	Canadian Thoracic Society	Canadian Society of Diagnostic Medical Sonographers
Canadian Association of Emergency Physicians	Canadian Association of Medical Microbiologists	Canadian Anaesthetists' Society	Canadian Association of Radiologists
Canadian Anaesthetists' Society	Canadian Hematology Society	Canadian Paediatric Society	Canadian Association of Radiation Oncologists
CMA Subcommittee on Emergency Medical Services	Canadian Society of Clinical Chemists	Canadian Critical Care Society	Canadian Association of Nuclear Medicine
National Emergency Nurses' Affiliation	Canadian Society of Cytology	Canadian Medical Association	Canadian Cardiovascular Society
Canadian Confederation of Ambulance Service Associations *	Canadian Society for Transfusion Medicine	Association of Canadian Community Colleges	Society of Obstetricians and Gynaecologists of Canada
NHW Committee of Ambulance Service Directors	Canadian Medical Association	Canadian Hospital Association	Canadian Organization of Medical Physicists *
Canadian Medical Association	Association of Canadian Community Colleges		Canadian Medical Assoc.
Association of Canadian Community Colleges	Canadian Hospital Association		Association of Canadian Community Colleges
Canadian Hospital Association			Canadian Hospital Assoc.

Medical laboratory technology (general and subject) and cytotechnology *
Basic and advanced programs in respiratory therapy *
Diagnostic ultrasound technology, nuclear medicine technology, radiography and radiation therapy technology

BASISENG:Orgchart

GOALS OF ACCREDITATION *

The goals of national conjoint accreditation of educational programs in allied medical disciplines are to: *

(a) assist in maintaining national standards for education in allied medical disciplines to help ensure the competence of practitioners; * *

(b) bring to educational programs a national perspective; *

(c) provide an "external audit" for programs to supplement program self-evaluation;

(d) encourage program personnel to monitor changing patterns of practice and developments in health care so that these changes can be incorporated into program design where appropriate;

(e) promote portability of qualifications for the graduates of nationally accredited programs;

(f) offer advice or assistance regarding accreditation to new programs during their formative stages.

Note: A mission statement and revised statements of accreditation philosophy and goals are under development.

DEFINITION OF TERMS

EDUCATIONAL PROGRAM ("PROGRAM")	A course of studies to enable the student to meet the specified didactic and clinical objectives, which must encompass the course content requirements of the relevant certifying/registering body, within a prescribed length of time.
STUDENT	A person enrolled in an educational program, but only while engaged in didactic and clinical education which is scheduled as part of the program and gives the student credit under the program.
CLINICAL EDUCATION	All clinical experience which has been scheduled as part of the educational program and in which the student is engaged in meeting the clinical objectives through instruction, and practice with appropriate levels of supervision.
COOPERATIVE PROGRAM	An educational program involving two or more program sites.
INDEPENDENT PROGRAM	An educational program in which both the didactic and clinical education are provided in one program site.
PROGRAM SITE WHICH MUST BE ACCREDITED	A facility which provides a significant portion of the educational program. A significant portion is usually considered to be a segment more than 4 weeks in length or an essential portion of the program provided to all students in the total program.
TOTAL PROGRAM	The combined program elements of all participating sites.

PART I

GENERAL

ACCREDITATION REQUIREMENTS AND GUIDELINES

FOR

EDUCATIONAL PROGRAMS IN ALL ALLIED MEDICAL DISCIPLINES

The general requirements for accreditation and guidelines to fulfillment of requirements contained in Part I should be considered in conjunction with the specific accreditation requirements for the particular discipline contained in Part II.

PART I

GENERAL ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS IN ALL ALLIED MEDICAL DISCIPLINES

GENERAL ACCREDITATION REQUIREMENTS
Printed in regular type

GUIDELINES TO FULFILLMENT OF REQUIREMENTS
Printed in italics

A. RESPONSIBILITY FOR AN EDUCATIONAL PROGRAM

An educational program in an allied medical discipline may be the sole responsibility of a hospital, a community college, an institute of technology or other agency, or the joint responsibility of a community college and a clinical affiliate or affiliates.

> *A program in an allied medical discipline may be located in one facility or in a number of facilities. Any combination is acceptable as long as the responsibility for the program is clearly defined at each site.*

Regardless of the organizational structure of the program or the number of sites involved, it is essential that an integrated program be achieved. Although various portions of the program may be given at different locations and by different types of program staff (e.g. medical, technical, "core" or nonmedical) who are employed or remunerated by different agencies, the program shall operate as a whole, integrated unit. *

All program sites shall be accredited by the appropriate conjoint committee. If a program wishes to place students in nonaccredited sites for short periods (4 weeks or less), written approval must be received from the appropriate conjoint committee. Programs that have not received committee approval for this practice could jeopardize their accreditation and disqualify their students from writing certification examinations. * *

> *Survey teams will look for evidence of program integration as they interview students, faculty and recent graduates, and as they review the results of program self-evaluation and the operation of the advisory committee.* *

PART I

* Didactic and clinical program sites are encouraged to work closely together to develop
* their educational programs according to the needs of their students and the community, while maintaining a nationally recognized standard of education.

> *Although it is recognized that programs have an obligation to study the needs of the local health community when initiating an allied medical education program, accreditation is accorded only to programs whose graduates are able to meet a nationally acceptable standard of practice. The program's ability to produce this calibre of graduate will be assessed by the survey team during the on-site survey.*
>
> *National requirements are often embodied in the program's objectives and should be equivalent to the standards of practice and/or syllabus published by the national organization that provides*
> * *certification/registration and collaborates in program accreditation.*

It is necessary to ensure, when setting up an educational program for an allied medical discipline:

* (a) that the program site(s) can offer all the physical and human resources required to meet the specified objectives of a particular program;

> ***Human Resources***
>
> *Administrative and clinical staff with shared appointments will need sufficient time to prepare for seminars or classes, to supervise students' work, and to give students regular feedback through evaluation of their progress. The survey team looks for evidence of adequate staffing by assessing the relationship between teaching loads and administrative/clinical responsibilities and by assessing the satisfaction of students and faculty.*
>
> ***Physical Resources***
>
> *The physical resources available to an allied medical education program are expected to be equal to those normally required in the current practice of the profession for which the students are being prepared.*

PART 1

Duplicate facilities are not necessary in every site of a cooperative program; however, a viable program will have available to it an adequate number and variety of laboratories, instruments, classroom spaces, "practice" equipment, meeting rooms and offices. The space and/or equipment need not be exclusive to the program in some cases, but should be accessible and appropriate in size/quantity for the students and staff to be able to work in a safe, uncrowded environment. *

(b) that, where more than one program site is involved, the responsibilities of each site are reviewed routinely by an appropriately constituted program advisory committee; *

Where funding or contractual arrangements require separate authority for didactic and clinical phases of a program, accreditation requires evidence that an overall advisory committee relates to both segments and is sufficiently supported that it serves as a focus for the total program.

(c) that the students of the program are equally well accepted in all locations where learning takes place.

The didactic program director/coordinator is responsible for ensuring that the program staff at each affiliated clinical site receives, before any students arrive for instruction at that site, adequate and current briefing on the program, including a full discussion of the program's overall objectives as well as the specific objectives to be met at that site. There should be agreement concerning the program site's responsibilities relative to the program and its students. * * * * * *

Survey teams seek evidence of this type of consultation and agreement via interviews, and by studying program policies, contracts and correspondence between participating sites, and advisory committee minutes. *

B. **PROGRAM COMMITTEES** *

An educational program in an allied medical discipline shall have input from an advisory committee and a faculty liaison committee or appropriate equivalents, depending on the program setting. These groups must communicate effectively in order to achieve optimal input. * * *

PART I

B. 1. **Advisory Committee**

All institutions associated with the program shall be represented on the advisory committee. Care should be taken to obtain members whose interests and expertise cover a variety of different areas (technologists, educators, physicians, students etc.). The committee shall include, as members or resource persons, individuals from the participating institutions who are in decision-making positions so that desired program changes may be effected. The committee must work toward the integration of the didactic and clinical parts of the program as well as the maintenance or improvement of
* standards in all participating institutions.

The advisory committee shall:

(a) make and review recommendations with respect to program policies, aims, content and structure;

* (b) advise on current and projected demands for graduates and the program's relevance
* to employer needs;

(c) advise on curriculum development and assist in the maintenance of national standards in participating institutions;

(d) assist in the continuing professional development of all teaching staff and the exchange of appropriate staff between various institutions;

(e) assist in liaison between teaching staff and students and the affiliated institutions;

(f) meet regularly, at least twice a year;

(g) keep minutes of all meetings;

(h) actively promote program self-evaluation.

A statement on the role of the advisory committee should be available to the advisory committee members. The survey team will wish to evaluate this policy statement.

PART I

Members of the advisory committee show evidence of their continuing interest through regular participation at meetings and in assignments or proposals emanating from committee discussions. It is important that membership include representatives from both the didactic and clinical portions of the program. If the number of representatives is too large for effective committee work, consideration might be given to having a rotating membership and/or effective small working executive committees.

Meetings of the advisory committee may be held by teleconference provided that one face-to-face meeting is held each year and that minutes of all meetings including those conducted by teleconference are recorded and circulated to committee members.

There should be some evidence that the program's administration gives serious consideration to recommendations from the program advisory committee.

Minutes of the meetings of the advisory committee will be evaluated by the survey team to assess the effectiveness of the committee and its ability to achieve results. Both the process of committee work and the results achieved will be assessed.

B. 2. **Faculty Liaison Committee**

Each program shall have a faculty liaison committee (instructors' committee). Members of the teaching staff of all program sites shall be represented on this committee. The committee shall meet regularly and be responsible for making recommendations to program administration and/or the advisory committee to contribute toward: *

(a) maintenance of adequate standards in all participating institutions;

(b) effective articulation between the didactic and clinical segments of the program;

(c) identification of instructors' professional needs, needs of students, and ways and means of providing them.

PART I

* *The faculty liaison committee (or equivalent) should have representatives from the didactic and clinical areas of the program. With appropriate direction from the advisory committee and program administration, the faculty liaison committee is expected to show active participation in program affairs such as:*

(i) reviewing, periodically, of program objectives;

(ii) promoting and accomplishing instructor evaluations, subject to institutional constraints;

(iii) formulating and promoting effective teaching methods;

(iv) revising student evaluation methods as required.

Minutes of the faculty liaison committee meetings should reflect the effectiveness of the group's activities and positive influence on the program.

* The program shall have a mechanism to coordinate and communicate recommendations * from the faculty liaison committee and other program committees to the advisory * committee.

C. **PROGRAM OBJECTIVES**

* An educational program is responsible for defining its objectives. These shall include * broad objectives for the total program, general objectives and course-specific learning * objectives for the didactic segment, and competency-based clinical objectives for each * component of the clinical segment. The course content requirements of the national * certifying/registering body must be included in the objectives of the program. The * survey team will ask to see the objectives of the program and the methods used by each * program site to evaluate the students' success in meeting these objectives. The accreditation process will look for documented evidence of the development and implementation of an evaluation process to assess clinical competency of students during and at the end of training.

The program objectives should be clearly defined. All students and persons involved in delivery of program content should be made fully aware of the objectives and their meaning. This is the responsibility of * *the program directors/coordinators at all program sites. These* * *objectives should equate with or exceed national standards and meet local requirements, and should be reflected in different portions of the program (e.g. justification of course content in terms of the overall objectives).*

PART I

Evaluation procedures should measure fairly and adequately whether or not the student meets the objectives. Normally there is congruence between student success in meeting program objectives and student success at national (or equivalent) examinations.

The program shall ensure that students:

(a) acquire competence and an understanding of their roles in health care so that they may function responsibly and with empathy as members of the health care team;

Some course material should be devoted to professional ethics and appropriate conduct, particularly for those allied medical disciplines that have significant patient contact or interface with other members of the health care team. There should also be course content appropriate to patient needs and to the roles of members of the health care team.

Course outlines and program objectives should reflect attention to these aspects of the students' education.

(b) are able to explain clearly the theory behind all the procedures outlined in the syllabus of the certifying/registering body or other curriculum acceptable to the * Conjoint Committee;

As they progress through their program, students should be able to demonstrate their understanding of the underlying theory of the procedures they are mastering. At the conclusion of their program they should be able to answer specific questions relative to any portion of the nationally approved syllabus of theory and/or practice.

(c) are able to apply the theoretical knowledge to clinical practice;

Theoretical instruction should be made relevant to clinical practice, and theory should be reinforced during the students' clinical portion of training so that they understand the correlation between the two and are able to show evidence of this understanding by answering questions appropriate to their educational level in the program.

(d) acquire the technical ability to work accurately and effectively, especially under pressure;

Students should be provided the opportunity to achieve competence under the usual and sometimes stressful conditions in which their technology is practised in the field. This helps to ensure that, as graduates, they will be able to cope with the daily pressures they will encounter.

(e) master techniques for all procedures outlined in the syllabus of the certifying/registering body or other curriculum acceptable to the Conjoint Committee;

As they progress through their program, students should receive supervision appropriate to their level of education until they have mastered the performance of all of the procedures to the level required to pass national (or equivalent) examinations and to function competently as graduates of their particular health discipline.

Generally, the student should be allowed to move through a series of steps in achieving clinical competence: observation only, then assistance, then performance under direct supervision, then performance under indirect supervision with the student's supervisor on the premises and in a position to help the student if required.

(f) are able to use effectively all equipment related to the procedures outlined in the syllabus of the certifying/registering body or other curriculum acceptable to the Conjoint Committee;

Equipment and instruments in current use by the allied medical discipline need to be made available so that students may gain knowledge of and proficiency in their use. To satisfy student needs, it may be necessary for programs to arrange rotations for students to gain exposure to equipment and procedures not available or in use in their particular clinical education setting.

(g) are adequately prepared to sit the appropriate certification examination.

The program should offer to students the assistance needed to enable them to sit the national examination (or appropriate provincial examination) with confidence. Only those students who are judged to be adequately prepared should be allowed to sit the examination of the certifying/registering body.

Program administrators will be asked to produce a record of marks obtained by graduates in national (or equivalent) examinations.

D. PROGRAM STRUCTURE

The program shall be so structured that the average student can meet the objectives of the program within the prescribed time.

PART I

There are many models that can be designed so that the objectives of the program can be met. The Conjoint Committee must be satisfied that the didactic and clinical portions of the program are closely integrated. Theory shall be made relevant to clinical practice, and clinical education shall be correlated with classroom and laboratory instruction. The balance of the didactic and clinical education shall enable the students to meet the objectives of the program.

(See Part II for specific accreditation requirements in each discipline.)

E. PROGRAM DIRECTION/COORDINATION

The direction/coordination of the program at each site shall be the responsibility of a qualified person who has authority commensurate with the position. He/she will be a member of the appropriate program committee(s) or attend meetings as a primary resource. If program direction/coordination is shared at a program site, the specific responsibilities of each person shall be clearly defined and documented.

A program director/coordinator should be a qualified, responsible and accessible person who enjoys the confidence and support of students and staff.

Each program site should have one person designated as being "in charge". This person, should have the appropriate qualifications, a sound knowledge of the health technology program and sufficient time to fulfill the responsibilities to the program. He/she should possess leadership qualities, be responsive to changes in the field and enjoy administrative support.

The program director/coordinator's workload in other domains (clinical, instructional and administrative) should not be such that it impinges upon time needed for the administration of the program in question. The time required for program administration will depend on the size of the program.

If the program director/coordinator is not a physician, evidence of strong medical input should be documented and included in the application for accreditation.

PART I

* F. DIDACTIC PROGRAM STAFF

Staff offering didactic courses shall hold appropriate qualifications in the field(s) they * teach. Specialty courses shall be taught by staff members who are in good standing with * their respective professional bodies and who have considerable clinical experience (preferably 5 years) in the field in which they are teaching. Didactic instructors shall * spend a designated period in the clinical setting at regular intervals. All didactic * instructors must be able to offer evidence of continuing professional development in their specialty.

Instructors who teach specialty courses should hold the relevant and current certificates in the field. Appropriate clinical experience is a requirement for instructors teaching specialty courses. Instructor * *training or equivalent education experience is recommended, and* * *evidence should be included in the application for accreditation. An up-to-date curriculum vitae for each instructor should also be available for review by the survey team.*

Didactic instructors should be able to demonstrate evidence of adequate current clinical exposure (records of "return-to-practice" or "exchanges" should be made available).

Each instructor should be prepared to demonstrate the relationship between his/her course and the program's overall objectives.

* G. CLINICAL EDUCATION

* G. 1. Clinical Instructor/Coordinator

* A clinical instructor/coordinator shall be named for each clinical program site. In larger departments this should be someone other than the chief technologist.

All clinical instructors shall be members in good standing with their respective * professional bodies and have appropriate clinical experience. (See Part II for specific * accreditation requirements in each discipline.) All clinical instructors must be able to * offer evidence of continuing professional development in their specialty.

* *Clinical instructors should have training in instructional methodology.* * *The clinical instructor (or equivalent) should maintain records and* * *other evidence of involvement in the total program and tangible evidence of involvement in clinical education. Records of seminars, conferences and rotations should be kept to indicate involvement with and supervision of students.*

PART I

G. 2. **Clinical Experience** *

During their clinical practice, students shall be exposed to a wide range of procedures and equipment. The program director/coordinator is responsible for ensuring that every student obtains sufficient exposure to all routine technical procedures required by the syllabus of the related professional society (or other curriculum acceptable to the Conjoint Committee). Sufficient exposure is defined as offering the student enough time to learn to perform each routine procedure accurately and without direct supervision; when this level of competence has been attained the student should move into another area. When several program sites participate in the clinical education, the rotations shall * be adequately coordinated, in terms of objectives, content and evaluation, to ensure a * consistent learning opportunity for each student. Where a procedure in the curriculum * is not available within an institution, arrangements must be made for the student to obtain experience in that procedure at another institution.

A complete schedule for the clinical portion of the program should be prepared for distribution to students upon arrival so that they have a clear understanding of the form and content of their clinical training. The survey team will review these records during an on-site survey.

The clinical schedules should permit students sufficient flexibility to progress at their own pace. This flexibility should be compensated for by relatively stringent evaluation methods for clinical components of the program so that students who display inadequate competence or unsafe practices do not progress too rapidly or to a level that is beyond their ability.

Provision should be made in the program for students who are unable to achieve the required competence to: (a) receive additional training; (b) be counselled into another field suited to their abilities; or (c) be asked to withdraw.

G. 3. **Supervision of Students** *

Students shall be supervised at all times in the clinical area. In the initial stages of achieving clinical competence, students shall be supervised directly. As students become more competent in a given clinical procedure, supervision may be indirect, however, the student's supervisor shall be on the premises and in a position to help a student in need of assistance. It should be remembered that a program is an educational process. The student's clinical education shall include scheduled clinical experience which permits the * student to achieve the required competency in clinical procedures prescribed by the relevant certifying/registering body. Students are in a learning situation and must not, therefore, be considered as part of the work force of the clinical institution.

PART I

The clinical institution may be asked to explain the rationale behind its staff/student ratio and student quotas if students appear to be receiving too little clinical experience or too much exposure without adequate supervision or variety.

* G. 4. **Student Safety**

* Appropriate policies and procedures shall be in place to ensure the safety of the student
* in clinical practice areas.

* H. **INSTRUCTOR/STUDENT RATIO**

Throughout the program the instructor/student ratio shall be conducive to the attainment of program goals and consistent with good teaching practice. (See Part II for specific accreditation requirements in each discipline.)

Deciding the appropriate staff/student ratios in didactic and clinical settings is a prerogative of the individual institution, program and province; however, an adequate number of qualified instructors and clinical staff (technical, medical, educational and administrative) is expected to be available to students at all of the educational sites. These individuals should be clearly designated and performance objectives clearly understood by them. Too few staff could result in students' receiving inadequate individual supervision. A comparison of staff/student ratios to national norms is suggested.

* I. **MEDICAL INPUT**

* There shall be evidence of medical input to the educational program.

* *There should be a mechanism for medical input to the advisory*
* *committee.*

Medical staff associated with the program should show evidence of their involvement and interest. Such evidence could include scheduled conferences, seminars, lectures with the students, attendance at appropriate meetings, input into selection procedures, assistance and guidance given to the instructor.

While not all medical staff associated with a training facility can be thoroughly familiar with the program, at least one person should be fully cognizant of the program's content and should act as liaison for other medical staff persons.

PART I

J. PROGRAM RECORDS *

Clear, up-to-date program records shall be maintained. *

J. 1. Student Records *

The following student records shall be kept: *

(a) applications for admission to the program, including educational background and official transcripts of marks;

(b) evaluation and promotion records related to each phase of training;

(c) health records (including protection reports in programs for nuclear medicine technology, radiography and radiation therapy).

Examples of these forms (not actual student records) must be available to the survey team.

> *Clear records of the evaluation of student progress in theoretical/laboratory work and records of their clinical proficiency are required so that both the members of the staff and the students can monitor the development that is taking place. Each site receiving the student for a significant portion of education should have access to these records with the student's written permission to do so.*

J. 2. Records of Instruction

Records of instruction shall include the following: *

(a) course content, teaching resources, time allotment in each area of training and rotation plans;

(b) lectures, seminars and laboratory experiences presented; names of instructors and subjects;

(c) logbooks (where applicable) or workbook records of procedures performed by the student and documented by the supervisor concerned. These records must be available to the survey team. *

PART I

Clear, up-to-date outlines should be available for all subjects taught. An outline (with time frames) of clinical experiences should be available, and it should coincide with what is actually happening in the current program. Each instructor will be asked to provide evidence that students are evaluated in accordance with stated course objectives. There should be records available of course notes, tests and seminar plans and schedules.

J. 3. **Administrative Records**

* Administrative records shall include minutes of advisory committee meetings, faculty liaison committee meetings or other committees advising on or establishing policy for the educational program.

Minutes of the various committee meetings, terms of reference for the committees and attendance records should be made available for review by the survey team.

K. **PROGRAM POLICIES**

* Program policies for both the didactic and clinical segments, for example, student
* evaluation and promotion policies, appeal procedures, student transfer policy, etc., shall
* be documented and consistent with what has been published in program brochures.

In preparing an application for accreditation, a statement should be
* *included indicating what policies are available, how they are approved,*
* *where they are maintained within the program, and how they are communicated to all personnel and students.*

* The policy and procedures for the selection of students shall be reviewed by the advisory committee.

The selection procedures, while respecting individual requirements of the college, institute or province, should be consistent with what has been published in program brochures. They should be fair to the
* *applicants, providing equal opportunity for qualified applicants. Joint*
* *selection by didactic and clinical program sites is encouraged.*

PART I

L. EDUCATIONAL FACILITIES

(a) Adequate classroom facilities shall be available;

(b) Laboratory facilities for practice of routine work shall be available;

(c) Quiet study areas shall be available to students in both didactic and clinical areas;

(d) Learning resource facilities (library and audiovisual aids) shall be available to students in both didactic and clinical areas. A minimum of those texts recommended in the syllabus of the related professional society (or other curriculum acceptable to the Conjoint Committee) shall be available to students and staff. Teaching staff should encourage regular use of all library facilities.

The survey team will assess the adequacy of the physical facilities during the on-site tour. Facilities such as the library, classroom or study areas will also be assessed for quality and accessibility to students. *

A list of texts should be made available for the team.

M. NUMBER OF STUDENTS

The annual student enrollment in an allied medical education program shall be such that there is no overloading of didactic facilities and/or accredited clinical training positions. * *

A clinical program site shall respect the number of accredited clinical training positions designated by the Conjoint Committee. (A procedure is available to request an increase in the number of accredited clinical training positions. See Appendix C.3.) * * *

N. PROGRAM SELF-EVALUATION

An allied medical education program, regardless of setting, shall conduct a formal process of self-evaluation on an ongoing basis. The self-evaluation process shall be documented and include feedback from all program participants, including faculty and other staff, students, graduates and employers of graduates. * * * *

Self-evaluation involves a critical review of the goals and objectives of the program and the educational processes used to achieve them. The self-evaluation process shall assess program effectiveness and outcomes such as students' knowledge, skills, attitudes and interactions. * * *

PART I

Outcome evaluation might include, but is not limited to, consideration of the following indicators:

- *Attrition/retention rates and reasons;*
- *Success of graduates on the relevant certification examinations;*
- *Employment statistics for graduates;*
- *Degree of employer satisfaction with the preparedness of graduates.*

The results of program self-evaluation shall be documented and shall include an identification of program strengths and concerns. These results shall be incorporated into the decision-making process in the program and reflected in program changes and long range planning.

The results of self-evaluation(s) including program changes, together with an indication of program strengths, identified concerns and methods used for the self-evaluation(s), shall be submitted to the Conjoint Committee as part of the application for accreditation. All significant program changes made between surveys shall be documented and submitted to the Conjoint Committee for approval prior to implementation (ideally, at least 3 months in advance). (See Appendix C.2)

PART II

SPECIFIC

ACCREDITATION REQUIREMENTS AND GUIDELINES

FOR

EDUCATIONAL PROGRAMS IN INDIVIDUAL ALLIED MEDICAL DISCIPLINES

The specific accreditation requirements for individual allied medical disciplines in Part II must be fulfilled IN ADDITION to the general accreditation requirements for all allied medical disciplines outlined in Part I of the *Basis of Accreditation*.

PART II

SECTION A - MEDICAL LABORATORY TECHNOLOGY (GENERAL AND SUBJECT) *

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in medical laboratory technology encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specifics:

A. PROGRAM OBJECTIVES

The program shall be designed to ensure that, as a minimum standard, a graduate will be able to:

(a) perform all of the clinical laboratory procedures outlined in the syllabus for the General Certificate or Subject Certificate of the Canadian Society of Laboratory Technologists (CSLT) within defined limits of accuracy and precision; *

(b) have sufficient theoretical knowledge to learn to perform more complex procedures under supervision of personnel accountable for these procedures;

(c) recognize and identify anomalous results due to:

(i) technical errors;

(ii) equipment malfunction;

(d) undertake, under supervision, corrective measures required for (i) and (ii) above;

(e) assist in the implementation and development of new techniques or improvements to existing techniques;

(f) recognize when results of laboratory procedures fall outside clinically established reference ranges, and indicate appropriate action, which may include reporting through established channels and carrying out additional related tests within established guidelines;

(g) perform the following -

(i) initiate the ordering of supplies essential for the performance of his/her area of responsibility;

(ii) collate statistical information pertinent to his/her area of responsibility;

(iii) practise medical laboratory technology that conforms to approved standards as listed in the safety manual and code of ethics of the CSLT.

A program should be prepared to show evidence of participation in an acceptable external quality assurance program.

B. PROGRAM COMPONENTS

The educational program shall be a combination of required theory and appropriate clinical practice, either or both of which may take place at a centralized school or in clinical laboratories. Such clinical laboratories may include:

- Hospital laboratory
- Commercially operated laboratory
- Public health laboratory
- Red Cross blood transfusion service laboratory
- Simulated clinical laboratory
- Other clinical laboratories acceptable to the Conjoint Committee.

C. ADVISORY COMMITTEE

The program shall operate with the assistance of an advisory committee, which shall meet not less than twice annually. It shall include a balanced representation of laboratory physicians, medical laboratory technologists and other suitably qualified medical laboratory personnel. The program shall have a mechanism to coordinate and communicate recommendations from the faculty liaison committee and other program committees to the advisory committee.

Representation from hospital administration, CSLT, provincial medical laboratory societies, provincial regulatory authorities, members of faculty, students and program graduates should be considered.

D. PROGRAM DIRECTOR(S)/COORDINATOR(S) *

There may be one or more directors/coordinators, depending on the numbers and types * of institutions involved in the educational program and their relationship to the total program. Directors/coordinators may be specialists in laboratory medicine or hold * qualifications acceptable to the Conjoint Committee. The ultimate responsibility for any phase of the program rests with the head of the program in the institution with which the student is registered.

The program director/coordinator is expected to be in regular attendance for a sufficient period to take an active role in the educational program. * *

The program director/coordinator participates on the program advisory committee. With respect to the portion of the educational program provided in the clinical site(s), the director/coordinator guides and directs the clinical education, demonstrating interest in the program through regular contact with students, instructors and the advisory committee. * * * *

E. SPACE AND EQUIPMENT

The clinical laboratory shall provide adequate space and equipment for student education in addition to that required for service to patients.

A suitable study area and adequate library facilities shall be available.

F. SAFETY

Evidence of an effective safety program shall be available. The CSLT safety manual is suggested as a guide. Students must be made aware of the dangers involved in the handling of hazardous materials, and appropriate precautions must be taken to ensure the safety of the student at all times. There shall be documented procedures for the safe handling of biological materials in the laboratory and students must be advised of the importance of immunization programs, especially for Hepatitis B. *

Safety manuals and procedures should be available. As students rotate through each section of the laboratory, they should receive instruction, on arrival in that section, regarding the specific hazards and safe working practices in that laboratory section. * * *

G. PROGRAM LENGTH

The educational program in medical laboratory technology shall be so structured that within 2 years following senior matriculation or equivalent, or the first year of college * (institute of technology), the student can meet the program objectives.

Adequate vacation time (at least 2 weeks) shall be allocated within each 12-month period of training. Significant time loss through leave of absence or illness shall be made up * at the end of the educational program.

H. THE LABORATORY'S OBLIGATIONS TO STUDENTS

Students shall be subject to the same requirements for health examination as other members of the laboratory staff. It is recommended that students be eligible for applicable hospital staff benefits.

* I. RT SUBJECT PROGRAMS

* An institution which provides clinical education to students for certification in a single * laboratory subject shall ensure that students are provided with appropriate didactic * support from an institution which is accredited for the general program. A subject * program shall have policies for determining a candidate's need for didactic support.

> * *A clinical institution which applies for accreditation of a subject* * *program should clearly document its relationship with a didactic* * *institution which is accredited for the general program. (See* * *Policy and Procedures, Appendix D)*

J. NUMBER OF STUDENTS

The Conjoint Committee for the Accreditation of Educational Programs in Medical Laboratory Technology recognizes that the responsibility to plan program intakes and enrollment lies with the college or institute. However, annual student enrollment shall * be such that there is no overloading of didactic facilities or accredited clinical training positions.

K. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the Conjoint Committee for approval prior to implementation (ideally, at least 3 months in advance). *

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Appendix C.2) *

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent. *

L. GENERAL INFORMATION

L. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Medical Laboratory Technology.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Medical Laboratory Technology
The Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive *
Ottawa, ON K1G 0G8

L. 2. Certification

(a) Certification agency: Canadian Society of Laboratory Technologists.

(b) For information regarding certification please contact:

The Executive Director
Canadian Society of Laboratory Technologists
P.O. Box 2830, Station A
Hamilton, ON L8N 3N5

L. 3. Registration/Licensing *

In some provinces, there is legislation which requires technologists to be registered with the relevant licensing/regulatory authority to practise in that province. * *

SECTION B - CYTOTECHNOLOGY

SPECIFIC ACCREDITATION REQUIREMENTS FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in cytotechnology encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specifics:

A. PROGRAM COMPONENTS

The cytotechnology educational program shall include an adequate number of lecture hours and/or demonstrations in all required disciplines as:

(a) **General Orientation**
including ethics, interprofessional relationships, and the role of the technologist in the community;

(b) **General Laboratory Knowledge**
including anatomy, physiology and pathology of the common sites from which cytological specimens are obtained;

(c) **Cytotechnology**

B. PROGRAM LENGTH

An educational program in cytotechnology shall be so structured that within 2 years following senior matriculation or equivalent, or the first year of college (institute of technology), the student can meet the program objectives. *

Adequate vacation time (at least 2 weeks) shall be allocated within each 12-month period of training. Significant time loss through leave of absence or illness shall be made up at the end of the educational program. *

C. CLINICAL LABORATORIES

A clinical laboratory shall meet the following minimal requirements to be accredited for educating cytotechnology students:

B-2
CYTOTECH **PART II**

C. 1. **Volume and Scope of Procedures**

The laboratory shall include an adequately organized cytology service, providing sufficient volume and scope of procedures, gynecological and nongynecological, for adequate training experience as required by the Canadian Society of Laboratory Technologists (CSLT) *Syllabus of Studies*.

If an institution (laboratory) is unable to provide a sufficiently broad training in relevant
* aspects of cytology the students must rotate to another laboratory for training in those
* areas that are deficient. In such instances, the director of the accredited clinical site shall be responsible for the training carried out in the affiliated laboratory. A method of recording diagnoses and correlation with other tissue diagnoses shall be established and maintained.

C. 2. **Staff**

The staff of the laboratory shall include:

(a) a director who is:

(i) a specialist in laboratory medicine or who holds qualifications acceptable to the Conjoint Committee;

(ii) recognized as having special interest, competence and experience in cytology;

* (iii) in regular attendance for a sufficient period during the educational program to take an active part in the daily laboratory work and teaching;

(iv) preferably a member or associate member in good standing with the Canadian Society of Cytology and the Canadian Association of Pathologists.

(b) qualified laboratory personnel with designated responsibility for aspects of student training in cytotechnology. It is expected that these people, who will usually be senior technologists, will hold current registration with the CSLT.

(c) a ratio of not more than one trainee to one qualified person but preferably one trainee to two qualified persons. Students shall be exposed to graded responsibility in a supervised environment. It is expected that the laboratory budget will recognize the separation of teaching and service responsibilities as distinct items and that funding of the teaching component will be adequate to support the
* educational program.

C. 3. **Space and Equipment**

Laboratories providing instruction to cytotechnology students must have adequate and appropriate modern equipment. There shall be an ample variety of teaching specimens and teaching aids representative of the areas of cytodiagnosis.

D. **SAFETY**

As students may not be aware of the dangers involved in the handling of hazardous materials special precautions must be taken to ensure the safety of the students and others at all times.

E. **THE LABORATORY'S OBLIGATIONS TO STUDENTS**

Students shall be subject to the same requirements for health examination as other members of the laboratory staff. It is recommended that students be eligible for applicable hospital staff benefits.

F. **NUMBER OF STUDENTS**

The Conjoint Committee for the Accreditation of Educational Programs in Medical Laboratory Technology recognizes that the responsibility to plan program intakes and enrollment lies with the college or institute. However, annual student enrollment shall be such that there is no overloading of didactic facilities or accredited clinical training * positions.

G. **PROGRAM CHANGES**

Any significant changes to the program must be documented and submitted to the * Conjoint Committee for approval prior to implementation (ideally, at least 3 months in * advance). *

Examples of significant changes are modifications to the curriculum, program length * (didactic or clinical segments), affiliation or rotation arrangements etc. (See Appendix * C.2) *

The accreditation secretariat should be advised of the name of the person to whom * correspondence regarding the program should be sent. *

H. GENERAL INFORMATION

H. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Medical Laboratory Technology.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Medical Laboratory Technology
The Canadian Medical Association
P.O. Box 8650
* 1867 Alta Vista Drive
Ottawa, ON K1G 0G8

H. 2. Certification

(a) Certification agency: Canadian Society of Laboratory Technologists.

(b) For information regarding certification please contact:

The Executive Director
Canadian Society of Laboratory Technologists
P.O. Box 2830, Station A
Hamilton, ON L8N 3N5

* H. 3. Registration/Licensing

* In some provinces, there is legislation which requires technologists to be registered with
* the relevant licensing/regulatory authority to practise in that province.

SECTION C - RADIOGRAPHY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in radiography encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specifics:

A. STAFF

A. 1. Technical Staff in the Didactic Segment of the Program *

An institution which provides the didactic segment of a program shall have on its teaching staff at least two radiographers who are certified by the Canadian Association of Medical Radiation Technologists (CAMRT) or hold qualifications considered by the CAMRT to be equivalent. All radiographers participating in teaching shall be members of the CAMRT and/or provincial member association. * * * * * *

The program should have a policy governing academic preparation and experience required of the teaching staff. Additional education in the specific subject taught is desirable, and training in instructional methodology is recommended. All faculty should be familiar with the goals of the program and should be able to develop an integrated plan of instruction and evaluation. The instructors should possess a good knowledge of the subject matter, the ability to present the subject in an effective manner, and a positive attitude toward teaching and students; they should demonstrate current participation in continuing education designed to improve instructional skills and maintain professional competence. * *

Instructors who teach basic science or other nonspecialty subjects should have some knowledge and interest in the field of radiography so that the subject is made relevant to the practice.

The program should establish policies regulating teaching loads to provide time for administrative and organizational responsibilities, preparation and delivery of instruction, preparation and delivery of evaluations, counselling, and, if needed, research.

Adequate clerical help should be available to relieve faculty of tasks that interfere with fulfilling their responsibilities to the educational program in areas such as participation in developing goals and objectives, the curriculum, evaluation systems and criteria, and updating of course material.

A. 2. **Staff at a Clinical Site**

The staff composition will vary depending upon the type of program and its organization. There must be a designated program director/coordinator who shall be responsible for the program, but this position need not necessarily be filled by a physician. The following individuals must be involved in and contribute to the program:

(a) a medical director/advisor (see section B)

(b) a clinical instructor (see section C)

(c) other technical personnel who shall be certified by the CAMRT or hold qualifications considered by the CAMRT to be equivalent.

Technical personnel should be members of the CAMRT and/or provincial member association.

(d) a sufficient number of registered technologists in the department to carry on the workload without assistance from the students.

For clinical procedures a ratio of one student to one experienced technologist is recommended.

Students should have adequate and proper supervision during all clinical assignments, which would include direct supervision during the initial stages of achieving clinical competence. The following conditions should be considered in determining the need for direct supervision: the qualified radiographer reviews requests for a radiographic examination - (a) to determine the capability of the student to perform the examination with reasonable success; or (b) to determine if the condition of the patient contraindicates performance of the examination by the student. If either of the above determinants is questionable or negative, the radiographer should be present in the radiographic room. A qualified radiographer checks and approves the radiographs prior to the dismissal of the patient.

A student in later stages of clinical education should work under the supervision of a registered technologist who is on the premises, in the vicinity of the radiographic area, and available for immediate assistance. It is suggested that repeat radiographic examinations be performed while the registered technologist is present in the radiographic room. *

Although a student should not assume the responsibilities of a staff technologist, the student may perform clinical procedures under appropriate supervision when judged by a qualified supervisor to be competent to carry out these procedures. The time spent in teaching by the technologists may be compensated for by work done by the students as part of their clinical program. *

B. MEDICAL DIRECTOR/ADVISOR *

A clinical program site shall designate a medical director/advisor who is: *

(a) certified in diagnostic radiology by the Royal College of Physicians and Surgeons of Canada or an equivalent acceptable to the Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies;

(b) in attendance at least 50% of the usual work period;

(c) a member in good standing of the Canadian Association of Radiologists or an equivalent acceptable to the Conjoint Committee.

The medical director/advisor should be aware of and may wish to participate in program activities such as goal determination, curriculum development and instruction. The medical director/advisor's function with respect to the portion of the educational program provided in the hospital should be to guide and advise the program. Through regular contact with students, instructors and the advisory committee, the medical director/advisor demonstrates interest in the program and provides input in areas such as student selection, evaluation and the professional development of the instructor(s). *

* C. **CLINICAL INSTRUCTOR**

* A clinical program site shall designate a clinical instructor or senior technologist in
* charge of clinical education.

* C. 1. **Qualifications of the Clinical Instructor**

* The clinical instructor shall be certified as a radiographer by the CAMRT or hold
* qualifications considered by the CAMRT to be equivalent. The clinical instructor shall
* be a member of the CAMRT and/or provincial member association.

* *The clinical instructor should have training in instructional*
* *methodology.*

* *A clinical instructor seeking appointment or retention should be evaluated in terms of:*

- *educational and professional performance as determined by the institution's regular program of faculty and staff evaluation;*
- *ability to evaluate students in a way that helps them improve;*
- *ability to preserve educational cohesiveness without compromising the patient care responsibilities of the radiology department;*
- *ability and willingness to keep abreast of changes in the practice of radiography.*

* C. 2. **Responsibilities of the Clinical Instructor**

* The primary objective of the clinical instructor shall be to ensure that students receive
* instruction and assistance, on a one-to-one basis, during the performance of radiographic procedures.

The responsibilities of the clinical instructor shall include:

* (a) planning and implemention of the orientation program as laid out in the CAMRT *Curriculum Guide, Radiography*;

The clinical instructor should design and carry out an orientation program to familiarize the student with the hospital, the radiology department and the profession of radiography. The clinical instructor should prepare an outline for an orientation program that follows the description in the current CAMRT Curriculum Guide, Radiography.

(b) provision of liaison between the staff technologists, didactic instructors and the students; *

Where more than one clinical site is associated with a didactic site the instructors' committee provides a vehicle for didactic/clinical liaison. * *

(c) correlation of the didactic and clinical components of the educational program;

The clinical instructor should have sufficient knowledge of the didactic material being taught in the program to help the students apply the theoretical knowledge to the practice of radiography. The clinical instructor should work toward integration of a total program.

(d) total responsibility for planning and coordination of the educational activities of the students for the duration of the clinical segment of the program; * *

The clinical instructor should prepare and make available to the students and staff an educationally valid plan for the entire clinical segment including classroom/lab activities as required and clinical experience within the department. The proposed schedules could be prepared and disseminated in blocks, segments or semesters. * * * * *

(e) coordination of assignments and examinations to supplement the clinical experience; *

The clinical instructor should facilitate the student's review of didactic material by providing appropriate support, for example, adequate study time, assignment due dates and scheduled examinations. Ideally a standardized format for assignments and examinations should be developed by the faculty liaison committee. Records of progress and achievement should be maintained by the clinical instructor and made available to the didactic program site. * * * * * * *

* (f) maintenance of student records as set out in Part I of the *Basis of Accreditation*;

The location and nature of all of the student records varies from program to program. The instructors should be aware of their location and conscious of their confidential nature and of the student's right to have the confidentiality respected.

* (g) provision of a varied and complete clinical experience for the students including
* one-to-one instruction and assistance;

* *Although staff technologists will assist in providing students with*
* *one-to-one instruction and supervision, the clinical instructor should*
* *spend an appropriate amount of time with each student in the*
* *clinical setting.*

The clinical education should be so structured that graduates of the program will be able to perform radiographic examinations to acceptable professional standards and know how to use a wide variety of X-ray equipment.

* *Sufficient time should be provided in the various clinical areas to*
* *permit the student adequate time to complete the requirements of the*
* *CAMRT Summary of Clinical Experience.*

* *For the specialized B-level procedures, i.e., angiography,*
* *myelography and computed tomography, a combined total clinical*
* *rotation of 4 weeks should be sufficient. If these procedures are not*
* *performed at the base hospital, the student should rotate to another*
* *facility to gain the required experience.*

* *If there is no pediatric service provided in the clinical sites where students train, students should have a minimum of 4 weeks' experience in a pediatric facility.*

Competency-based clinical education is desirable. The clinical instructor should provide practical demonstrations and gradually move the students through the clinical training steps until the students are able to perform even very complex procedures unaided.

(h) supervision of the completion of the CAMRT *Summary of Clinical Experience* by each student;

The CAMRT Summary of Clinical Experience should be maintained as per the guidelines in the front of the booklet. *

(i) assessment of the students' progress in practical radiography; *

The clinical instructor should provide ongoing assessment of each student to ensure that current clinical objectives are being met. A summary record of evaluations for each student should be made available for the student's file.

The clinical instructor should keep students posted on their progress in the clinical segment of the program and provide suggestions for improvements as needed. *

(j) attendance at all meetings of the clinical instructors' committee and/or appropriate program committee(s); * *

(k) involvement in the selection of students according to the program's established selection policy. * *

The clinical instructor should participate in the selection of students with the use of appropriate procedures as approved by the program. *

Such procedures may include interviews and a review of academic records. If appropriate for the program, and in consultation with representatives from the clinical centres, valid objective admissions criteria should be developed and distributed. Programs with open admission philosophies should establish clear policies defining the criteria for admission to the program. The program should have written policies governing class size, laboratory group size and instructor/student ratios in clinical education settings.

C. 3. **Clinical Instructor/Student Ratio** *

(a) Facilities with more than three students *

All hospital departments or facilities with more than three students who spend the major part of any year in that clinical facility must appoint or designate a full-time clinical instructor who shall be in charge of student education. This person must be someone other than the senior or chief technologist.

The following ratio of students to clinical instructor is recommended: 4-8 students - 1 full-time clinical instructor; 9-12 students - 1 full-time and 1 half-time clinical instructor; more than 12 students - 2 full-time clinical instructors.

(b) Facilities with three or fewer students

All hospital departments or facilities with three or fewer students shall designate a part-time clinical instructor who shall be in charge of student education and who shall have sufficient protected time, free from service responsibilities, to fulfill the responsibilities of the position as outlined in the *Basis of Accreditation.*

(c) Facilities which provide both the didactic and clinical education

A facility which provides both the didactic and clinical education shall ensure sufficient staff to provide appropriate instruction and supervison in both segments of the program. A designated clinical instructor shall be available to students when they are in the clinical setting. The equivalent of a full-time clinical instructor shall be present in facilities with more than three students. If the clinical instructor carries responsibilities in both the didactic and clinical segments of the program, provision shall be made for an alternate clinical instructor to be available to students when the clinical instructor is occupied in the didactic setting.

D. FACILITIES

A clinical site participating in an educational program in radiography shall have a minimum of 15,000 varied examinations per year (exclusive of admission or survey checks). However, smaller institutions may participate with the approval of the Conjoint Committee.

Modern radiographic equipment in adequate variety should be available. The equipment should be accurately calibrated and in working order and should meet applicable national standards. The quality of the radiographic work produced should be of an acceptable standard.

A clinical site shall be able to offer a work area for each student, appropriate to the staged clinical education requirements. Examples of work areas would be: a radiographic room, a fluoroscopic room, operating room areas (considered together as one work area), mobiles (considered together as one work area) or a special procedures room.

Minimum requirements for a clinical site to participate in an educational program in radiography are: *

(a) three training areas;

(b) one radiographic fluoroscopic room containing at minimum a 300-MA single-phase unit or a 500-MA three-phase unit;

(c) one general radiographic room containing a minimum 200-MA unit;

(d) one mobile unit;

(e) conventional or computed tomographic capability.

Energized radiographic equipment should be made available on a regular schedule to the students, either through the clinical education centre or at the didactic site. Nonenergized laboratories may also be used as appropriate. The equipment in the laboratory should aid in the development of clinical competency, and the objectives and evaluation methods for the use of this equipment should be made available to the students. Laboratory supervision should be available during laboratory hours. *

Documentation demonstrating that the energized laboratory meets radiation safety regulations should be posted or otherwise readily available for inspection.

The institution should provide for the certification of a laboratory according to the prevailing standards. Laboratories should not be considered as substitutes for patient-oriented clinical education in health care facilities, but they may replace the classroom for presentation of some of the radiographic principles. If a laboratory is not available the program should provide the students with practice and demonstrations prior to allowing them to apply principles on patients.

Students should be able to demonstrate to a qualified supervisor that they have mastered the theory and practice of essential clinical skills under simulated conditions prior to assuming actual clinical responsibilities. *

An imaging laboratory or equivalent with appropriate quality control instruments (densitometers, sensitometers etc.) should be available to the students. A teaching file of radiographs both for imaging and for radiographic technique should be available as a resource to the students.

Technique charts shall be available for the above equipment.

E. **PROTECTION**

* Proper protective practices shall be followed for the adequate protection of patients and
* workers. Personnel shall be protected in accordance with the regulations contained in the latest publication of the Radiation Protection Division, National Health and Welfare, and provincial regulations. Periodic testing of protective devices is mandatory.

Protection records shall include:

(a) records of testing of protection devices;

(b) radiation monitoring reports (posted in departments in suitable locations);

(c) reports of radiation surveys;

Students should be aware of quality control procedures. There should be a policy in effect in case of overexposure by any member of staff or any of the students. Radiation barriers and protectors should be inspected regularly, and records should be available for inspection.

(d) records of quality assurance programs.

F. **ORIENTATION PERIOD**

* Opportunity shall be given to the student, at the beginning of his/her didactic program, to obtain a reasonable understanding of the health care delivery system, the hospital, the
* department of radiology and the role of the certification/registration body. The orientation period is included as part of the total length of the educational program.

The orientation period should take place in the first few months of the program. The length of the orientation is a matter for individual program determination. However, it should be long enough for students to meet the objectives as set out in the current CAMRT Curriculum Guide, Radiography. A well-designed orientation period of 7 to 10 working days should be adequate.

G. PROGRAM LENGTH

The total length of an educational program in radiography shall be sufficient for the average student to meet the objectives of the program and the prescribed standards of the certification/registration body. The Conjoint Committee must be satisfied that the didactic and clinical portions are well integrated and balanced. *

There are many acceptable models that can be designed so the didactic and clinical objectives of the program will be met. On the average, radiography programs are approximately 95 weeks in total length excluding the time provided for vacation and academic or term breaks. *

Individual program objectives, design, facilities and resources will determine the length of the clinical segment, however, as a minimum, there should be approximately 52 weeks of clinical experience excluding the time provided for vacation and academic or term breaks. *

The program should provide a current description of its length. This information should be made available to prospective applicants as well as to students. Students have the right to know what vacation times, holidays etc. are available to them during the program.

H. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the Conjoint Committee for approval prior to implementation (ideally, at least 3 months in advance). *

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Appendix C.2) *

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent. *

C-12 PART II
RADIOGRAPHY

I. GENERAL INFORMATION

I. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Diagnostic Imaging and
Medical Radiation Technologies
The Canadian Medical Association
P.O. Box 8650
* 1867 Alta Vista Drive
Ottawa, ON K1G 0G8

I. 2. Certification

(a) Certification agency: Canadian Association of Medical Radiation Technologists.

(b) A kit containing the CAMRT *Curriculum Guide, Radiography*, the *Summary of Clinical Experience* and information on CAMRT examinations may be obtained from:

The Executive Director
Canadian Association of Medical Radiation Technologists
601-294 Albert Street
Ottawa, ON K1P 6E6

* I. 3. Registration/Licensing

* In some provinces, there is legislation which requires technologists to be registered with
* the relevant licensing/regulatory authority to practise in that province.

SECTION D - RADIATION THERAPY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in radiation therapy will encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specifics:

A. STAFF

The staff composition will vary depending upon the type of program and its organization. The following individuals shall be involved in and contribute to the program. *

A. 1. Program Director/Coordinator *

The program director/coordinator shall be responsible for the guidance and direction of * the program as a whole, including the integration of the didactic and clinical components. * This direction shall include the organization, administration, periodic review, continued * development and general effectiveness of the program. *

Where the program director/coordinator's responsibilities include clinical instruction * and/or supervision of the instructional staff in the clinical applications of radiation * therapy, the program director/coordinator shall be an experienced radiation therapy * technologist who is certified by the Canadian Association of Medical Radiation * Technologists (CAMRT) or holds qualifications considered by the CAMRT to be * equivalent. When the program director/coordinator is a technologist, the incumbent shall * be a member of the CAMRT and/or provincial member association. *

A. 2. Medical Director/Advisor

The medical director/advisor shall guide and advise the program by participating in goal * determination, curriculum development and instruction. *

The medical director/advisor shall be a specialist in radiation oncology certified by the * Royal College of Physicians and Surgeons of Canada or hold other qualifications * acceptable to the Conjoint Committee, and shall be a full-time staff member of the * hospital/cancer centre. *

Through regular contact with students, instructors and the advisory committee, the medical director/advisor demonstrates interest in the program and provides input in areas such as student selection, evaluation and the professional development of the staff involved in the training program. *

* A. 3. **Clinical Coordinator/Instructor (see section B)**

* A. 4. **Staff for the Didactic Segment of the Program**

* The program shall have sufficient teaching staff to ensure that the objectives of the
* didactic component are met. All medical radiation technologists participating in teaching
* shall be certified by the CAMRT or hold qualifications considered by the CAMRT to be
* equivalent. All medical radiation technologists participating in teaching shall be members
* of the CAMRT and/or provincial member association.

* *The program should have a policy governing academic preparation*
* *and experience required of the teaching staff. Additional education*
* *in the specific subject taught is desirable, and training in*
* *instructional methodology is recommended. All faculty should be*
* *familiar with the goals of the program and should be able to*
* *develop an organized plan of instruction and evaluation. The*
* *instructors should possess a good knowledge of the subject matter,*
* *the ability to present the subject in an effective manner, and a*
* *positive attitude toward teaching and students; they should*
* *demonstrate current participation in continuing education designed*
* *to improve instructional skills and maintain professional*
* *competence.*

* *Instructors who teach basic science or patient care related subjects*
* *should have some knowledge and interest in the field of radiation*
* *therapy so that the subject is made relevant to the practice.*

* *The program should establish policies regulating teaching loads to*
* *provide time for administrative and organizational responsibilities,*
* *preparation and delivery of instruction, preparation and delivery*
* *of evaluations, counselling, and, if needed, research. Adequate*
* *clerical help should be available to relieve faculty of tasks that*
* *interfere with fulfilling their responsibilities to the educational*
* *program in areas such as participation in developing goals and*
* *objectives, the curriculum, evaluation systems and criteria, and*
* *updating of course material.*

* A. 5. **Clinical Physicist**

* A medical radiation physicist shall be an active participant in the program, providing
* guidance and advice to the clinical coordinator/instructor, and participating in curriculum
* development and instruction.

A. 6. **Clinical Department Staff** *

There shall be a sufficient number of radiation therapy technologists in the department * to carry on the workload without the assistance of the students. *

All clinical staff participating in the educational program shall be certified as radiation * therapy technologists by the CAMRT, or hold qualifications considered by the CAMRT * to be equivalent. All clinical staff participating in the educational program shall be * members of the CAMRT and/or provincial member association. *

*For clinical procedures a ratio of one student to a minimum of one * experienced technologist is recommended. Students should have * adequate and proper supervision during all clinical rotations. A * registered technologist should provide direct supervision when a * student is working in a treatment area. *

*Although a student should not assume the responsibilities of a staff * technologist, the student may perform clinical procedures under * appropriate supervision, when judged by a qualified supervisor to * be competent to carry out these procedures. *

*The time spent in teaching by the technologists may be * compensated for by work done by the students as part of their * clinical program. *

B. **Clinical Coordinator/Instructor** *

There shall be a clinical coordinator/instructor in charge of clinical education. *

B. 1. **Responsibilities of the Clinical Coordinator/Instructor** *

The primary objective of the clinical coordinator/instructor shall be to ensure that * appropriate instruction and assistance are provided to the student to enable him/her to * meet the objectives of the clinical segment of the program. *

The responsibilities of the clinical coordinator/instructor shall include: *

(a) planning and implementation of the orientation program as laid out in the CAMRT * *Curriculum Guide, Radiation Therapy Technology*; *

*The clinical coordinator/instructor should design and carry out an * orientation program to familiarize the students with the * hospital/cancer centre, the radiation therapy department and the * profession. *

The clinical coordinator/instructor should prepare an outline for an orientation program that follows the description in the current CAMRT Curriculum Guide, Radiation Therapy Technology.

(b) provision of liaison between staff technologists, didactic program instructors and the students;

Where more than one facility is associated with the program, the instructors' committee (faculty liaison committee) provides a vehicle for didactic/clinical liaison.

(c) correlation of the didactic and clinical components of the educational program;

The clinical coordinator/instructor should work toward integration of a total program and should have sufficient knowledge of the didactic material being taught in the program to help the students apply the theoretical knowledge to the practice of radiation therapy.

(d) total responsibility for the planning and coordination of the educational activities of the students for the duration of the clinical segment of the program;

The clinical coordinator/instructor should prepare and make available to the students an educationally valid plan for the entire clinical segment including classroom/lab activities as required and clinical experience within the department. The proposed schedules could be prepared and disseminated in blocks, segments or semesters.

(e) coordination of assignments and examinations to supplement the clinical experience;

The clinical coordinator/instructor should facilitate the student's review of didactic material by providing appropriate support, for example, adequate study time, assignment due dates and scheduled examinations. Ideally a standardized format for assignments and examinations should be developed by the faculty liaison committee. Records of progress and achievement should be maintained by the clinical coordinator/instructor and made available to the program director/coordinator.

(f) maintenance of student records as described in Part I of the *Basis of Accreditation*; *

Student records may be maintained in various locations. The coordinator/instructor should be aware of their location and conscious of their confidential nature and of the student's right to have the confidentiality respected. *

(g) provision of a varied and complete clinical experience to the students;

The clinical experience should be so structured that the graduates of the program will be competent to perform, to an acceptable professional standard, all of the duties required of a radiation therapy technologist.

Competency-based clinical education is desirable. The clinical coordinator/instructor should provide practical demonstrations and gradually move the students through the clinical training steps until the students are able to perform even very complex procedures unaided. * * * * * *

(h) supervision of the completion of the CAMRT *Summary of Clinical Experience*;

The CAMRT Summary of Clinical Experience should be kept in accordance with the recommendations of the Committee on Education (Therapy). * *

(i) assessment of the students' progress in practical radiation therapy; *

The clinical coordinator/instructor should provide ongoing assessment of each student to ensure that the current clinical objectives are being met. A summary record of evaluations for each student should be maintained in the student's file. The clinical coordinator/instructor should keep the student posted on his/her progress in the clinical segment of the program and provide suggestions for improvement when needed. * * * *

(j) attendance at all meetings of the clinical coordinators/instructors' committee, and/or appropriate program committee(s); * *

(k) involvement in the selection of students according to the program's selection policy; *

* *The clinical coordinator/instructor should participate in the selection of students. Clear policies should be established defining the criteria for admission to the program. The selection procedures may include interviews and a review of academic records.*

* B. 2. **Qualifications of the Clinical Coordinator/Instructor**

* The clinical coordinator/instructor shall be a radiation therapy technologist who is certified
* by the CAMRT or holds qualifications considered by the CAMRT to be equivalent. The
* clinical coordinator/instructor shall be a member of the CAMRT and/or provincial member
* association.

* *The clinical coordinator/instructor should have training in instructional methodology.*

* *Clinical coordinators/instructors seeking appointment or retention should be evaluated in terms of:*

- *educational and professional performance as determined by the institution's regular program of evaluation for staff;*
- *ability to evaluate students constructively;*
- *ability to preserve educational cohesiveness without compromising the patient care responsibilities of the radiation therapy department;*
- *ability and willingness to keep abreast of changes in the field of radiation oncology.*

* B. 3. **Clinical Coordinator/Instructor - Student Ratio**

* (a) Facilities with more than three students

* All hospital/cancer centre facilities with more than three students who spend the
* major part of any year in that clinical facility shall have the equivalent of a full-time
* clinical coordinator/instructor.

* *The following ratio of students to clinical coordinator/instructor is*
* *recommended: 4-8 students - 1 full-time clinical*
* *coordinator/instructor; 9-12 students - 1 full-time and 1 half-time*
* *clinical coordinator/instructor; more than 12 students - 2 full-time*
* *clinical coordinators/instructors.*

(b) Facilities with three or fewer students *

All facilities with three or fewer students shall designate a part-time clinical coordinator/instructor who shall have sufficient protected time, free from service responsibilities, to fulfill the responsibilities of the position as outlined in the *Basis of Accreditation*. * *

(c) Facilities which provide both the didactic and clinical education *

A facility which provides both the didactic and clinical education shall ensure sufficient staff to provide appropriate instruction and supervision in both segments of the program. A designated clinical coordinator/instructor shall be available to students when they are in the clinical setting. The equivalent of a full-time clinical coordinator/instructor shall be present in facilities with more than three students. If the clinical coordinator/instructor carries responsibilities in both the didactic and clinical segments of the program, provision shall be made for an alternate clinical coordinator/instructor to be designated when the clinical coordinator/instructor is occupied in the didactic setting. * * * * * * * * * *

D. FACILITIES

A hospital/cancer centre shall have a minimum of 500 varied cases per year. *

The following are minimum requirements for an institution to participate in the education of radiation therapy technologists: * *

(a) one superficial therapy unit;

(b) at least one Cobalt-60 unit or Linear Accelerator; *

(c) radium or cesium sources;

(d) simulator; and

(e) computerized treatment planning facilities.

E. PROTECTION

Proper protective practices shall be followed in all training areas for the adequate protection of patients and workers. Personnel shall be protected in accordance with the regulations contained in the latest publication of the Radiation Protection Division, National Health and Welfare, and provincial regulations. Periodic testing of protective devices is mandatory. * *

Protection records shall include:

(a) records of testing of protection devices;

(b) radiation monitoring reports (posted in departments in suitable locations);

(c) reports of radiation surveys;

Students should be aware of quality control procedures. There should be a policy in effect in case of overexposure by any member of staff or any of the students.

(d) records of quality assurance programs.

F. ORIENTATION PERIOD

* The student shall have an opportunity, at the beginning of his/her didactic program, to obtain a reasonable understanding of the health delivery system, the hospital/cancer centre, the department of radiation oncology and the role of the certification/registration body. The orientation period is included as part of the total length of the educational program.

The orientation period should take place in the first few months of the program. The length of the orientation is a matter for individual program determination. However, it should be long enough for students to meet the objectives as set out in the current CAMRT Curriculum Guide, Radiation Therapy Technology. A well-designed orientation period of 7 to 10 working days should be adequate.

G. PROGRAM LENGTH

* The total length of an educational program in radiation therapy shall be sufficient for the average student to meet the objectives of the program and the prescribed standards of the certification/registration body. The Conjoint Committee must be satisfied that the didactic and clinical portions are well integrated and balanced.

There are many acceptable models that can be designed so the didactic and clinical objectives of the program will be met. On the average, radiation therapy technology programs are approximately 95-120 weeks in total length excluding the time provided for vacation and academic or term breaks.

Individual program objectives, design, facilities and resources will determine the length of the clinical segment, however, as a minimum, there should be approximately 52 weeks of clinical experience excluding the time provided for vacation and academic or term breaks. *

The program should provide a current description of its length. This information should be made available to prospective applicants as well as to students. Students have the right to know what vacation times, holidays etc. are available to them during the program.

H. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the Conjoint Committee for approval prior to implementation (ideally, at least 3 months in advance). *

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Appendix C.2) *

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent. *

I. GENERAL INFORMATION

I. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Diagnostic Imaging and
Medical Radiation Technologies
The Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive *
Ottawa, ON K1G 0G8

I. 2. **Certification**

(a) Certification agency: Canadian Association of Medical Radiation Technologists

(b) A kit containing the CAMRT *Curriculum Guide, Radiation Therapy Technology*, the *Summary of Clinical Experience* and information on CAMRT examinations may be obtained from:

The Executive Director
Canadian Association of Medical Radiation Technologists
601-294 Albert Street
Ottawa, ON KIP 6E6

* I. 3. **Registration/Licensing**

* In some provinces, there is legislation which requires technologists to be registered with
* the relevant licensing/regulatory authority to practise in that province.

SECTION E - NUCLEAR MEDICINE TECHNOLOGY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in nuclear medicine technology encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specifics:

A. STAFF

The staff composition will vary depending upon the type of program and its organization. There shall be a designated program director/coordinator or program management group responsible for guiding the program as a whole, including the integration of its didactic and clinical components. This shall include regular contact with students, instructors, the faculty liaison committee and the advisory committee. *

The program should have a policy governing academic preparation, experience and expectations in continuing education required of the teaching staff. Additional education in the specific subject taught is desirable, training in instructional methodology is recommended. *

All faculty should be familiar with the goals of the program and should be able to develop an organized plan of instruction and evaluation.

Those instructors who teach basic science subjects without personal experience of nuclear medicine technology should understand the relevance of the subject they teach to the program as a whole.

The program should establish policies regulating teaching loads to provide time for administrative and organizational responsibilities, preparation and delivery of evaluations, counselling, and, if needed, research. Faculty responsibilities to the educational program should include participation in developing goals and objectives, the curriculum, evaluation systems and criteria, and updating of course material. Adequate clerical help should be available to relieve faculty of tasks that interfere with fulfilling these responsibilities.

PART II

* The following individuals shall be involved in and contribute to the program:

(a) Medical Director/Advisor - a specialist in clinical nuclear medicine or with other qualifications acceptable to the Conjoint Committee;

(b) Clinical Instructor - a senior nuclear medicine technologist who is certified by the Canadian Association of Medical Radiation Technologists (CAMRT) or holds qualifications considered by the CAMRT to be equivalent. The clinical instructor shall be a member of the CAMRT and/or provincial member association. This person shall have direct responsibility for teaching and organizing the clinical phase of the program.

The clinical instructor should have several years' experience in nuclear medicine and training in instructional methodology.

The responsibilities of the clinical instructor shall include:

(i) planning and coordinating the clinical experience for the students including assignments and exams where appropriate;

(ii) planning and coordinating the orientation program;

(iii) evaluating students to help them improve, but, where necessary, suggesting remedial action or possibly terminating action;

(iv) maintaining student records and supervising the completion of the *Summary of Clinical Experience*;

(v) preserving educational cohesiveness without compromising patient care;

(vi) maintaining liaison between physicians, physicists, radiopharmacists, didactic instructors, staff technologists and students;

(vii) attending meetings of the faculty liaison committee;

(viii) keeping abreast of changes in nuclear medicine;

(ix) participating in student selection according to the program's selection policy.

(c) Physicist[1] with experience in nuclear medicine and radiation physics;

(d) Radiochemist or radiopharmacist[1] with experience in the production of radiopharmaceuticals.

B. TECHNOLOGIST/STUDENT RATIO

A program shall have a sufficient number of registered nuclear medicine technologists to ensure appropriate supervision of the students at all times. *

All staff assigned student supervisory duties shall be appropriately qualified.

For clinical procedures a ratio of one student to one experienced nuclear medicine technologist is recommended. As students progress, graded supervision appropriate to their increasing competence is encouraged.

C. CURRICULUM

The curriculum shall encompass the CAMRT *Curriculum Guide, Nuclear Medicine Technology* and shall provide broad training, both theoretical and practical, in the use of radionuclides in diagnosis, therapy and investigation.

D. RADIATION PROTECTION AND GENERAL SAFETY

A primary objective of the educational program shall be to maximize opportunities for the student to become proficient in all aspects of radiation safety, in handling hazardous materials and in routine electrical safety relevant to the performance of nuclear medicine procedures.

Signs concerning biohazards and radiation hazards and documentation to the effect that the laboratory meets radiation safety standards should be posted where appropriate and, with radiation dose records, be made readily available for inspection.

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[1] Staff with expertise in these areas must be available to the program as a whole and are not necessarily required in each site of a cooperative program. *

Safety regulations for a nuclear medicine service laboratory, as outlined from time to time by the Radiation Protection Bureau, National Health and Welfare, and other regulatory bodies, should be adhered to.

E. SPACE AND EQUIPMENT

Adequate space and equipment shall be provided for student education, in addition to that required for service to patients.

Minimum Equipment Requirements for an Independent Clinical Facility

(a) A reasonably up-to-date stationary imaging device;
(b) Dose calibrator;
(c) Survey meter, area monitor;
(d) Multisample gamma well-counter;
(e) Laboratory equipment required for radiopharmaceutical quality control;
(f) Film processor;
(g) Data analysis system;
(h) Laboratory equipment required for in vitro assays.

* It is intended that this equipment be available to the program, but it need not be in each site of a cooperative program.

Institutions participating in a program dependent on rotations through several departments must ensure that the rotations provide the students with the opportunity to work with all of the above.

Ideally, a gamma camera and well-counter should be available or be made available to students for supervised laboratory exercises in quality control and imaging.

Students should be able to demonstrate to a qualified supervisor that they have mastered the theory and practice of essential clinical skills under simulated conditions before assuming actual clinical responsibilities.

F. TYPES OF PATIENT EXAMINATIONS

In view of the rapid changes taking place in the techniques and practice of nuclear medicine it is unwise to list the types of patient examinations that students must perform. It is implicit, however, that they shall include in vivo imaging, in vivo nonimaging, and in vitro studies, including radioassay techniques.

G. SUMMARY OF CLINICAL EDUCATION

An educational program shall have each student complete the *Summary of Clinical Experience* according to the CAMRT *Curriculum Guide, Nuclear Medicine Technology*. *

H. PROGRAM LENGTH

The total length of an educational program in nuclear medicine technology shall be sufficient for the average student to meet the objectives of the program and the prescribed standards of the certification/registration body. The Conjoint Committee must be satisfied that the didactic and clinical portions are well integrated and balanced. The students shall complete all of their training by the day of the national examination. * * * * *

There are many acceptable models that can be designed so the didactic and clinical objectives of the program will be met. On the average, nuclear medicine technology programs are approximately 95 weeks in total length excluding the time provided for vacation and academic or term breaks. * * * * *

Individual program objectives, design, facilities and resources will determine the length of the clinical segment, however, as a minimum, there should be approximately 48 weeks of clinical experience excluding the time provided for vacation and academic or term breaks. * * * * *

The program should provide a current description of its length. This information should be made available to prospective applicants as well as to students. Students have the right to know what vacation times, holidays etc. are available to them during the program.

I. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the Conjoint Committee for approval prior to implementation (ideally, at least 3 months in advance). * * *

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Appendix C.2) * * *

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent. * *

J. GENERAL INFORMATION

J. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation
of Educational Programs in Diagnostic Imaging and
Medical Radiation Technologies
The Canadian Medical Association
P.O. Box 8650
* 1867 Alta Vista Drive
Ottawa, ON KIG 0G8

J. 2. Certification

(a) Certification agency: Canadian Association of Medical Radiation Technologists

(b) A kit containing the CAMRT *Curriculum Guide, Nuclear Medicine Technology*, the *Summary of Clinical Experience* and information on CAMRT examinations may be obtained from:

The Executive Director
Canadian Association of Medical Radiation
Technologists
601-294 Albert Street
Ottawa, ON KIP 6E6

* J. 3. Registration/Licensing

* In some provinces, there is legislation which requires technologists to be registered with
* the relevant licensing/regulatory authority to practise in that province.

SECTION F - DIAGNOSTIC ULTRASOUND TECHNOLOGY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in diagnostic ultrasound technology encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specifics:

A. PROGRAM OBJECTIVES

The program shall encompass the *Specific Terminal Objectives* developed by the Canadian Society of Diagnostic Medical Sonographers (CSDMS). Abdominal, obstetrical, gynecological and cardiac applications have been developed. The last may be offered as clinical expertise and availability allow.

B. STAFF

The staff composition will vary depending upon the type of program (community college or hospital based) and its organization. The following individuals shall be involved in * and contribute to the program:

(a) Program Director/Coordinator - an individual, who may be a physician or a sonographer, with overall responsibility for the didactic and clinical phases of the program.

(b) Clinical Instructor - a senior technologist preferably with several years' experience in ultrasound imaging.

The responsibilities of the clinical instructor shall include: *

(i) the planning of a clinical experience consistent with the objectives of the didactic portion of the program;

(ii) liaison between the didactic portion (program coordinator) and the hospital department personnel;

(iii) the coordination of ultrasound examinations that are performed or observed by the student;

(iv) evaluation of the student's clinical performance;

(v) maintenance of personal scanning skills.

* (c) Physician - a specialist in clinical ultrasonography (sonologist).

* (i) Didactic segment of the program

There shall be evidence of physician involvement in both an advisory and an instructional capacity. The latter would include lectures, didactic rounds or case discussions.

* (ii) Clinical segment of the program

* There shall be active physician involvement in the clinical phase. The
* student shall be supervised directly by a staff sonographer or sonologist while
* the student is performing an ultrasound exam.

* *Following an ultrasound exam, the student should be present*
* *when the sonologist is interpreting the sonogram.*

C. SONOGRAPHER/STUDENT RATIO

Clinical procedures require a ratio of one student to one qualified ultrasound technologist. Student sonographers shall be supervised at all times. A sufficient number of sonographers shall be available to perform the workload of the department without the help of the students.

D. CURRICULUM

The educational program's curriculum shall be designed to ensure that program graduates can meet the *Specific Terminal Objectives* developed by the CSDMS.

The CSDMS has curriculum guidelines available for abdominal, obstetrical, gynecological and cardiac applications.

E. EQUIPMENT

Adequate equipment shall be available to allow for student education, in addition to equipment required to provide service for patients. (See also Part I under Educational Facilities.)

* A wide variety of equipment shall be available to the program but it need not be in each
* site of a cooperative program. The student shall be exposed to quality control mechanisms and methods of data storage (hard copy, film, video etc.).

The wide variety of equipment now available, including mechanical and phased array sector scanners, linear array real-time scanners and articulated arm B-scanners, will all allow for adequate training. Institutions participating in a program should ensure that adequate exposure to different types of state-of-the-art equipment is available during a student's training period.

F. EXAMINATIONS

A mechanism shall be in place to ensure that students have a broad exposure to all types of examinations appropriate to the area of training. The students shall be exposed to normal cases and a wide range of pathology. *

In a Diagnostic Ultrasound Unit the workload will depend on many variables, including: the types of patients, the interest and experience of the physicians involved, the nature of ultrasound studies being performed, the number of ultrasound machines available, the kind of hospital and the population served.

It is suggested that a sonographer, with a student, working with a single machine, should have a scheduled workload per average working day, in abdominal, obstetrical/gynecological or cardiac ultrasound, of a mean of 10 scans.

G. PROGRAM LENGTH

Programs shall be a minimum of 1 year.

H. PROGRAM PREREQUISITE

Ultrasound is a postdiploma program.

The usual preliminary qualification is a 2 or 3-year health science program such as a technology or nursing program. At the discretion of the program personnel, consideration may be given to other applicants such as university graduates. Students without a health science background require additional training in medically oriented subjects such as medical ethics. * *

I. EVALUATION OF CLINICAL EXPERIENCE

* The program shall provide documentation of the clinical experience obtained by the
* student and the evaluation of the student's performance.

J. PROGRAM CHANGES

* Any significant changes to the program must be documented and submitted to the
* Conjoint Committee for approval prior to implementation (ideally, at least 3 months in
* advance).

* Examples of significant changes are modifications to the curriculum, program length
* (didactic or clinical segment), affiliation or rotation arrangements etc. (See Appendix C.2)

* The accreditation secretariat should be advised of the name of the person to whom
* correspondence regarding the program should be sent.

K. GENERAL INFORMATION

K. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Diagnostic Imaging and Medical Radiation Technologies.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Diagnostic Imaging and
Medical Radiation Technologies
The Canadian Medical Association
P.O. Box 8650
* 1867 Alta Vista Drive
Ottawa, ON K1G 0G8

K. 2. **Certification**

(a) Certification agency: American Registry of Diagnostic Medical Sonographers

(b) For information regarding certification please contact:

The Executive Director
American Registry of Diagnostic Medical Sonographers
32 East Hollister Street
Cincinnati, Ohio 45219

OR

The Executive Director
Canadian Society of Diagnostic Medical Sonographers
P.O. Box 2235
Orillia, ON L3V 6S1

SECTION G - RESPIRATORY THERAPY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

(BASIC PROGRAMS AND ADVANCED PROGRAMS IN ADULT CRITICAL CARE, ANESTHESIA TECHNOLOGY, CARDIOPULMONARY DIAGNOSTICS AND NEONATOLOGY AND PEDIATRICS) *

The requirements for accreditation in respiratory therapy encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specifics:

A. PROGRAM DIRECTOR

If the program director is not a respiratory therapist there must be a designated program supervisor who:

(a) is a registered respiratory therapist;

(b) has administrative and educational training and experience;

(c) has continuing experience with the active practice of respiratory therapy;

(d) has sufficient authority to appropriately administer the program.

B. STAFF AT A CLINICAL SITE *

B. 1. Medical Director/Advisor *

There shall be a specifically designated medical director/advisor at each clinical program site. * *

(a) For the basic program, the medical director/advisor shall hold qualifications acceptable to the Conjoint Committee; * *

(b) For an advanced program, the medical director/advisor shall be a specialist in the discipline of that program; * *

(c) The medical director/advisor shall be in regular attendance for a sufficient period to take part actively in the services offered by the Respiratory Therapy Department in teaching. The medical director/advisor of an advanced program shall have a comprehensive understanding of the program and its objectives and shall be actively involved in the instruction and supervision of students in the clinical setting.

The medical director/advisor should participate in goal determination, curriculum development and instruction. The medical director/advisor's function with respect to the portion of the educational program provided in the clinical site should be to guide and assist the program. Through regular contact with students, instructors and the advisory committee, the medical director/advisor demonstrates interest in the program and provides advice in areas such as student selection, evaluation and the professional development of the instructors.

B. 2. **Clinical Instructor**

There shall be a specifically designated clinical instructor at each clinical program site.

(a) The clinical instructor shall be a registered respiratory therapist (RRT) with the Canadian Society of Respiratory Therapists (CSRT) or hold qualifications acceptable to the Conjoint Committee;

(b) The clinical instructor shall not be the respiratory therapy department's chief therapist nor assistant chief therapist if the clinical site is responsible for the training of four or more students;

(c) The clinical instructor shall have several years of experience in respiratory therapy.

The clinical instructor should have training in instructional methodology.

Clinical instructors seeking appointment or retention should be evaluated in terms of:

(i) educational and professional performance as determined by the institution's regular program of faculty and staff evaluation;

(ii) ability to evaluate students in a way that helps them improve;

(iii) ability to preserve educational cohesiveness without compromising the patient care responsibilities of the respiratory department;

(iv) ability and willingness to keep abreast of changes in the practice of respiratory therapy;

(v) sufficient knowledge of the didactic material being taught in the program to help the students apply the theoretical knowledge to the practice of respiratory therapy.

(d) The clinical instructor shall be responsible for: *

(i) planning and implementing the orientation program; *

(ii) providing a varied and complete clinical experience for the students including one-to-one instruction and supervision; * *

(iii) providing liaison between staff therapists, didactic instructors and students; *

(iv) correlating the didactic and clinical components of the program; *

The clinical instructor should have sufficient knowledge of the didactic material to help students apply theory to practice. * *

(v) planning and coordinating the educational activities of the students for the duration of the clinical experience; * *

(vi) evaluating the students' competence to perform clinical procedures; *

(vii) maintaining student records. *

C. THERAPIST/STUDENT RATIO

A ratio of one RRT to each student shall be maintained in a clinical site accredited for training respiratory therapists. Students shall have adequate and appropriate supervision during all clinical assignments to ensure that they will not be required to perform tasks outside the scope of their ability or training. * * * *

PART II

The following protocol should aid in the determination of the need for direct supervision: the registered therapist reviews requests for respiratory therapy - (a) to determine the capability of the student to perform the therapy or procedure with reasonable success; or (b) to determine if the condition of the patient contraindicates performance of the therapy or procedure by the student. If either of the above determinants is questionable or negative the registered therapist should be present during the therapy or procedure.

As the student progresses in his/her clinical education and capabilities, adequate and proper supervision can be provided by a registered therapist on the premises or in the vicinity of a patient area who is available for immediate assistance to the student. Although a student should not assume the responsibilities of a staff therapist, the student may perform clinical procedures under appropriate supervision when judged by a qualified supervisor to be competent to carry out these procedures.

D. CURRICULUM AND OTHER RESOURCES

There shall be objectives and curricula for both didactic and clinical portions of the program based on the curriculum of the CSRT. In addition, the CSRT's *Standards for Respiratory Therapy Services* and *Competency Analysis Profile* (CAP) for respiratory therapists shall be used as guidelines when establishing both didactic and clinical objectives and curricula. The program shall ensure that all students are provided with the opportunity to meet all didactic and clinical objectives.

E. CLINICAL EDUCATION

E. 1. Planning and Coordination of the Clinical Experience

The clinical experience shall be developed from competency-based performance objectives. The program staff shall document an educationally valid plan for the clinical experience, which shall enable the students to meet all requirements of the CSRT curriculum. Adequate time shall be provided in various clinical areas to permit students to achieve competence with a sufficient quantity and variety of respiratory procedures and equipment.

The clinical instructor shall provide practical demonstrations and gradually move the students through the clinical training until the students are able to perform even very complex procedures unaided. The program shall be so structured that graduates will be able to perform specialized respiratory procedures to acceptable professional standards and know how to use a wide variety of respiratory equipment.

When several clinical centres participate in a total program, the various clinical experiences shall be adequately coordinated, in terms of objectives, content and evaluation, to ensure a consistent level of student achievement. *

E. 2. **Evaluation of Student Performance**

Students shall be routinely evaluated in the clinical setting. The evaluation process shall be documented and shall measure the students' clinical competence and progress in meeting the objectives of the program. The clinical instructor shall maintain records of evaluation of student performance. *

Records of evaluation should be made available to the didactic institution. The location and nature of all of the student records vary from program to program. The instructors should be aware of their location and conscious of their confidential nature and of the students' right to have their confidentiality respected. *

E. 3. **Didactic/Clinical Liaison** *

The advisory committee and faculty liaison committee shall meet regularly and discuss matters related to the program, its objectives and curriculum. The committees shall work toward integration of the didactic and clinical segments of the program. *

F. **ORIENTATION PERIOD**

Opportunity shall be given to students prior to commencement of their didactic studies to obtain a reasonable awareness of the role of respiratory therapy in the health care system.

The clinical instructor should design and carry out an orientation program to familiarize the student with the clinical site, the respiratory department and the profession of respiratory therapy. The clinical instructor should prepare an outline that delineates the objectives for the orientation period. *

PART II

G. PROGRAM LENGTH

* The length of an educational program in respiratory therapy shall be sufficient to meet the objectives of the program. The length of the clinical portion of the program must be
* acceptable to the Conjoint Committee and will not usually be less than 40 weeks
* exclusive of vacation periods. The length of the clinical portion of an advanced program
* shall be sufficient for an average student to meet the clinical objectives within the
* prescribed time.

The program should provide a current description of its length. This information should be made available to prospective applicants as well as to students. The students have the right to know what vacation times, holidays etc. are available to them during the program.

H. PROGRAM CHANGES

* Any significant changes to the program must be documented and submitted to the
* Conjoint Committee for approval prior to implementation (ideally, at least 3 months in
* advance).

* Examples of significant changes are modifications to the curriculum, program length
* (didactic or clinical segments), affiliation or rotation arrangements etc. (see Appendix
* C.2)

* The accreditation secretariat should be advised of the name of the person to whom
* correspondence regarding the program should be sent.

I. GENERAL INFORMATION

I. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Respiratory Therapy.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Respiratory Therapy
The Canadian Medical Association
P.O. Box 8650
* 1867 Alta Vista Drive
Ottawa, ON KIG 0G8

I. 2. **Certification**

(a) Certification agency: The Canadian Society of Respiratory Therapists.

(b) Examination agency: The Canadian Board for Respiratory Care.

(c) Information on the CSRT's official curriculum, *Standards for Respiratory Therapy Services*, *Competency Analysis Profile*, and national examinations can be obtained from:

The Executive Director
The Canadian Society of Respiratory Therapists
102-1785 Alta Vista Drive
Ottawa, ON KIG 3Y6

I. 3. **Registration/Licensing** *

In some provinces, there is legislation which requires therapists to be registered with the relevant licensing/regulatory authority to practise in that province. * *

SECTION H - EMERGENCY MEDICAL TECHNOLOGY (LEVELS I, II, AND III)

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in emergency medical technology encompass the general requirements set out in Part I of the *Basis of Accreditation*, plus the following specifics:

A. PROGRAM OBJECTIVES

(a) Program objectives shall encompass all of the competency requirements identified for the particular level of emergency medical technology program. These are outlined in a separate document *Competency Requirements for Educational Programs in Emergency Medical Technology.* *

(b) The educational program for any level shall be designed to ensure that:

(i) graduates will be able to perform, with confidence, all required procedures;

(ii) graduates similarly understand their limitations and requirements for medical supervision and operating protocols.

Accreditation will focus on whether required course objectives are included and on whether arrangements are such that they may be successfully achieved, rather than on mechanical compliance with allotted hours.

B. HOSPITAL AFFILIATION

Educational programs for all levels of training, whether under the authority of a college, hospital or other organization, must be affiliated or associated with a hospital or hospitals concerned with the provision of emergency medical care.

Level II and III programs must be connected to a hospital or hospitals concerned with emergency medical care and involved with prehospital advanced life support.

C. MEDICAL DIRECTION

Programs at all three levels shall have a medical director (a physician with special interest and involvement in emergency medicine). The medical director shall be a resource and guide with respect to medical supervision and need not be a program administrator or faculty member.

Hospitals accredited for training under their own authority or in conjunction with an external authority shall designate a medical director for the emergency medical technology program or portion of the program with which they are involved. Instruction related to medical acts shall be given by or under the **active** direction of physicians.

D. EQUIPMENT AND SPACE

Emergency medical technology programs at all levels shall have ready access to all equipment basic to the performance of required skills. Facilities shall be sufficient for student training in addition to requirements for adequate service to patients.

E. PROGRAM LENGTH

* The length of each portion of an educational program in emergency medical technology
* shall be such that an average student can meet the objectives of the program within the
* specified time. (Specific time guidelines are provided in the *Competency Requirements*
* *for Educational Programs in Emergency Medical Technology.*)

F. STUDENT SELECTION

* The program shall specify the prerequisites for entry to training. The satisfactory completion of a Level I accredited program or an equivalent acceptable to the Conjoint Committee is recommended as a prerequisite for a Level II or III training program. In
* the absence of such a prerequisite, evidence shall be presented to demonstrate that training equivalent to a Level I accredited program will be provided during the course of the Level II or III program.

In addition, the selection process might incorporate:

(a) prescreening by standard aptitude tests for communication skills and reasoning abilities;

(b) clinical testing of basic ambulance knowledge;

(c) a combination of group interviews and peer review.

* G. SUPERVISION OF STUDENTS DURING THE CLINICAL EXPERIENCE

* Students shall be provided with appropriate supervision during the hospital and
* ambulance practicums. Students shall be supervised directly until they have been judged
* by the program to be competent to perform at the expected level. Direct supervision
* requires the student's supervisor or preceptor to be available immediately to assist the
* student and take over the care of the patient, if required.

The student's supervisor or preceptor shall have a clear understanding of the clinical objectives for the practicum(s) and the methodology for instruction and evaluation of the student. *

The following guidelines will assist programs in the selection and orientation of preceptors: *

(a) *The preceptor should be willing to assume responsibility for student education.* *

(b) *The preceptor should hold appropriate professional qualifications and be current in clinical practice.* *

(c) *A preceptor training/orientation program is recommended as one mechanism to provide preceptors with the required knowledge and preparation for their educational responsibilities.* *

(d) *The educational program should include a mechanism to assist preceptors to utilize feedback from program participants, as appropriate.* *

If an educational program includes a number of practicums, students may benefit from contact with several preceptors, rather than assignment to one preceptor for all practicums. *

H. STUDENT EVALUATION

The assessment of knowledge and skills shall be based on both academic and clinical performance, the latter in both simulated and real situations whenever possible. The end of the hospital practicum and of the ambulance practicum are critical evaluation points; students shall be carefully evaluated to ensure acquisition of appropriate skills. *

There shall be formal evaluation processes which are carefully organized and appropriate, and students shall be informed with respect to the way in which they will be assessed. (See also Part I of the *Basis of Accreditation*). *

The use of frequent quizzes or short tests on a day-to-day basis is encouraged. Formal overall evaluation should be conducted at the end of each major program component. *

Evaluation processes should be tailored to fit the needs of particular courses, and accreditation does not stipulate specific processes.

* *The following evaluation processes are commonly employed:*

(a) written examinations - should consist of a mixture of objective questions and short-answer questions. As a rule, it is wise to avoid either complete reliance on objective tests on the one hand or very long essay-type examinations on the other;

(b) oral examinations - are by nature very flexible and can be used to identify individual variability. Oral exams are frequently most useful as part of the final evaluation process;

* *(c) practical examinations - testing technical skills is best done in the clinical setting because it allows one to "diffuse" the pressure on the student. The examiner may allow as many chances as he/she feels is reasonable to demonstrate competent technical performance;*

* *(d) simulations and direct observation to test assessment skills.*

I. CONTINUING EDUCATION

It is expected that there will be evidence of effort by all programs, particularly Level III programs, toward fulfillment of the need for continuing education for their graduates and faculty. The nature of a program that allows interventions with the potential to cause physical harm, coupled with the rapidly changing field of emergency medicine, demands active in-service education arrangements. Programs are also expected to cooperate with local authorities where there is provision for such activities as:

(a) mandatory relicensing procedure at regular intervals (e.g. 3 years);

(b) routine review of all calls requiring advanced life support intervention, along with the provision of regular feedback to the attendants involved;

(c) monthly teaching sessions;

(d) recertification in selected techniques (e.g. cardiopulmonary resuscitation and intubation) at regular intervals.

J. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the Conjoint Committee for approval prior to implementation (ideally, at least 3 months in advance).

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Appendix C.2)

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent.

K. GENERAL INFORMATION

K. 1. Accreditation

(a) Accreditation agency: Conjoint Committee for the Accreditation of Educational Programs in Emergency Medical Technology.

(b) For information regarding the accreditation process please contact:

The Coordinator
Conjoint Committee for the Accreditation of
Educational Programs in Emergency Medical Technology
The Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8

K. 2. Certification

There is no national examination or certification process for graduates in emergency medical technology.

K. 3. Registration/Licensing

In some provinces, there is legislation which requires technologists to be registered with the relevant licensing/regulatory authority to practise in that province.

SECTION I - OPHTHALMIC MEDICAL ASSISTING TECHNOLOGY

ACCREDITATION OF EDUCATIONAL PROGRAMS

A. ACCREDITATION PROCESS

The accreditation of educational programs in ophthalmic medical assisting technology is through a cooperative Canadian/American process involving the following committees:

Canadian Medical Association

- Conjoint Committee on Allied Medical Education Accreditation
- Advisory Committee on Ophthalmic Medical Assisting Technology

American Medical Association

- Committee on Allied Health Education and Accreditation
- Joint Review Committee for Ophthalmic Medical Personnel

B. ACCREDITATION

Accreditation agency: Conjoint Committee on Allied Medical Education Accreditation.

For information on the accreditation process and specific accreditation requirements please contact:

The Coordinator
Conjoint Committee on Allied Medical Education Accreditation
The Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8

C. CERTIFICATION

Certification agency: Joint Commission on Allied Health Personnel in Ophthalmology.

For information on certification please contact:

Joint Commission on Allied Health Personnel in
Ophthalmology
2025 Woodlane Drive
St. Paul, MN 55125-2995

SECTION J - CARDIOVASCULAR PERFUSION TECHNOLOGY

SPECIFIC ACCREDITATION REQUIREMENTS AND GUIDELINES FOR EDUCATIONAL PROGRAMS

The requirements for accreditation in cardiovascular perfusion technology encompass the general requirements set out in Part I of the *Basis of Accreditation* plus the following specifics:

A. PROGRAM OBJECTIVES

The educational program shall be structured to prepare cardiovascular perfusionists to competently manage and maintain the integrity of the extracorporeal circulation and patients' physiologic functions. This will include the monitoring of all critical variables, the administration (on prescription) of a variety of therapeutic agents and the performance of a range of adjunctive techniques.

B. PROGRAM PREREQUISITE

Cardiovascular perfusion technology is a postdiploma program.

The usual preliminary qualification is graduation from a 2 or 3-year health science program such as a respiratory therapy program or a nursing program. At the discretion of the program personnel, consideration may be given to other applicants such as university graduates or candidates with the appropriate mix of qualifications and experience. Students without a health science background require additional training in medically oriented subjects such as medical ethics. *

C. LENGTH AND STRUCTURE OF PROGRAM

An educational program for cardiovascular perfusionists shall be a minimum of 12 months and so structured that students can meet the didactic and clinical program objectives including the minimum requirements of the *Basis of Accreditation*. Students' clinical experience shall include the performance of an adequate number and variety of extracorporeal circulation procedures.

The perfusion program should include an adequate number and variety of extracorporeal circulation procedures to provide each student with clinical experience that should approximate 50 adult and 15 pediatric perfusions. Upon successful completion of the perfusion program students should be competent to perform perfusion procedures in support of adult, pediatric and infant patients.

D. PROGRAM STAFF AT THE DIDACTIC INSTITUTION

D. 1. Program Director/Coordinator

The program director/coordinator shall be responsible for the organization, administration, periodic review, continued development and general effectiveness of the perfusion program.

Where the program director's responsibilities include clinical instruction and/or supervision of the instructional staff in the clinical applications of perfusion technology, the program director shall be an experienced certified perfusionist.

D. 2. Instructional Staff

All staff providing clinical instruction in perfusion technology shall be experienced certified perfusionists.

* E. STAFF AT A CLINICAL SITE

E. 1. Medical Director/Advisor

There shall be a medical director/advisor who shall provide competent medical direction and advice for the perfusion program. The medical director shall be a currently licensed
* cardiac surgeon or cardiac anesthetist.

E. 2. Clinical Instructor

There shall be a clinical instructor who is responsible for teaching and evaluating students, and ensuring effective liaison between the didactic and clinical facilities of the program.

The clinical instructor shall be an experienced perfusionist who has been certified following the successful completion of an accredited perfusion program and/or qualifying examination.

* *The clinical instructor should have sufficient designated time to*
* *fulfill the responsibilities related to student education.*

E. 3. **Perfusionist/Student Ratio**

There shall be a sufficient number of certified perfusionists in a clinical site to provide appropriate supervision of students during clinical training. During perfusion procedures, each student shall be supervised directly by a certified perfusionist. *

F. **PROGRAM COORDINATION**

There shall be a mechanism in place to achieve effective integration and coordination of the didactic and clinical phases of the program. There shall be effective coordination of activities within each program site to ensure appropriate supervision of the students and evaluation of student performance. *

G. **CURRICULUM**

(a) The curriculum shall include, or have as prerequisites, appropriate background course material to provide students with current and adequate knowledge of:

(i) anatomy and physiology;

(ii) pathology;

(iii) pharmacology;

(iv) chemistry;

(v) physics and mathematics.

(b) The curriculum shall include course work covering the major clinical applications of the technology. These applications include but are not limited to:

(i) heart-lung bypass for adult, pediatric and infant patients undergoing heart surgery;

(ii) long term supportive extracorporeal circulation (cardiac and pulmonary assist devices - LVAD, RVAD, ECMO, IABP and artificial hearts);

(iii) catastrophic event management;

(iv) monitoring of the patient undergoing extracorporeal circulation;

(v) adjunctive techniques used with extracorporeal circulation;

(vi) acid-base theory and application;

(vii) electrocardiography interpretation;

(viii) immunohematology;

(ix) blood conservation techniques;

(x) myocardial preservation - theory and application;

(xi) theoretical and technical consideration of equipment required for extracorporeal circulation and how to evaluate it;

(xii) transplantation (liver, heart);

(xiii) limb perfusion and other special applications of the technology.

Adjunctive techniques should include but not be limited to:

-hypothermia;

-pulsatile devices including intra-aortic balloon pumping;

-myocardial preservation techniques;

-red cell concentration and hemodilution;

-pharmacologic intervention;

-pacemaker analysis.

Monitoring should include but not be limited to:

-hemodynamic monitoring and measurement;

-blood-gas and other chemistry analysis;

-bubble detection;

-level sensing;

-temperature monitoring;

-electrophysiology;

-status of coagulation potential;

-fluid and electrolyte balance;

-pacemakers;

-cardiac catheterization techniques.

Special applications of the technology should include right and left heart bypass and autotransfusion and may include such techniques as total body washout, hypothermic and hyperthermic perfusion and isolated limb and organ perfusion. Blood conservation including ultrafiltration hemoconcentration and organ preservation may also be included in this special applications section.

A perfusion program should provide clinical experience representing the variety of patients seen in practice. If certain aspects are missing, the program should seek affiliations with clinical sites that will supplement the variety of cases. *

H. PROGRAM CHANGES

Any significant changes to the program must be documented and submitted to the Conjoint Committee for approval prior to implementation (ideally, at least 3 months in advance). *

Examples of significant changes are modifications to the curriculum, program length (didactic or clinical segments), affiliation or rotation arrangements etc. (See Appendix C.2) *

The accreditation secretariat should be advised of the name of the person to whom correspondence regarding the program should be sent. *

I. GENERAL INFORMATION

I. 1. Accreditation

(a) Accreditation agency: Conjoint Committee on Allied Medical Education Accreditation.

(b) For information on the accreditation process please contact:

The Coordinator
Conjoint Committee on Allied Medical Education Accreditation
The Canadian Medical Association
P.O. Box 8650
* 1867 Alta Vista Drive
Ottawa, ON K1G 0G8

I. 2. Certification

(a) Certification agencies:

The Canadian Society of Clinical Perfusion
The American Board of Cardiovascular Perfusion.

(b) For information on certification please contact:

The President
Canadian Society of Clinical Perfusion
P.O. Box 224,
1450 Johnston Road
White Rock, BC V4B 5E9

OR

The President
The American Board of Cardiovascular Perfusion
209 - 109 South 27th Avenue
Hattiesburg, MS 39401

APPENDIX 1

A. CATEGORIES OF ACCREDITATION

FULL ACCREDITATION

A maximum of 5 years' accreditation. This status is accorded to a program site when the Conjoint Committee is satisfied that the major requirements for accreditation have been met. *

The Conjoint Committee may request a written report from the program site within a specified time outlining the program's response to minor program improvements recommended in the survey report. *

Newly-accredited program sites may be required to submit a written progress report to the Conjoint Committee within 2 years. *

A program site that does not maintain a continuous training program must notify the Conjoint Committee and the technological society concerned prior to any intake of students. *

CONDITIONAL ACCREDITATION

This status is accorded to a program site when one or more of the major requirements for accreditation has not been completely met. * * *

Accreditation is conditional upon the implementation of the major requirements for accreditation outlined in the accreditation survey report and upon submission of a written report to the Conjoint Committee, within the time specified in the survey report, outlining the remedial action that has been taken. *

The Conjoint Committee, from a review of the report, shall determine whether the conditions have been met and FULL ACCREDITATION should be accorded or whether another written report is required. The Conjoint Committee shall also determine whether a resurvey is required prior to the next general survey of the total program.

The Conjoint Committee reserves the right to withdraw accreditation from a program site that no longer meets the criteria for accreditation. *

NEW PROGRAM ACCREDITATION

This status is accorded to each program site of a newly-established program which has not yet graduated a class of students.

All new programs are required to submit a written progress report to the Conjoint Committee within 2 years. The Conjoint Committee, from a review of the report, shall determine whether FULL ACCREDITATION should be accorded or whether another written report is required. The Conjoint Committee shall also determine whether a resurvey is required prior to the next general survey of the program.

INTERIM ACCREDITATION

This status is accorded to a program site which demonstrates in its application and documentation that it meets the basic requirements for accreditation. At the discretion of the Conjoint Committee, interim accreditation status is accorded without an on-site survey on the understanding that full accreditation status depends upon the outcome of the next regularly scheduled survey of the total program.

NOT ACCREDITED

This status is accorded when a program site lacks the major requirements for accreditation. If a program site is designated as such, the students already in the program are usually allowed to complete their training. In exceptional circumstances students may be asked to complete their training in another accredited program or site.

A program site may reapply for accreditation after being designated "Not Accredited". The application will be considered as an application from a new program.

The accreditation status of each program site is determined by the Conjoint Committee. The Conjoint Committee reserves the right to withdraw accreditation from a program site that no longer meets the criteria for accreditation. At its discretion, and with just cause, the Conjoint Committee reserves the right to conduct an on-site survey of an educational program during the period for which accreditation is accorded. Advance notice of such survey shall be given to the administration.

B. ACCREDITATION PROCESS

B. 1. Program Models

For accreditation purposes, a program is classified as cooperative or independent. A cooperative program involves two or more program sites; usually, several clinical sites are affiliated with a single didactic centre. An independent program is one in which the didactic and clinical segments are provided in one program site.

B. 2. Application for Accreditation

Application forms for accreditation of an educational program in an allied medical discipline are available from:

The Accreditation Secretariat
Allied Medical Education Accreditation
The Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8

Applications must be submitted for the didactic and clinical portions of a program. For a cooperative program, each program site which provides a significant portion of the program must submit an application. A significant portion of a program is usually considered to be a segment more than 4 weeks in length or an essential portion of the program provided to all students in the total program.

Institutions which provide short rotations for students (usually, rotations 4 weeks or less) must have these rotations documented in the program's application for accreditation. These institutions are not usually included in the on-site survey but may be included at the discretion of the Conjoint Committee.

If there are program elements common to all sites in a cooperative program, for example, common clinical objectives, these portions of the applications may be consolidated into a common submission, with appropriate cross-references in the applications from individual program sites.

Completed application forms, signed by the program director/coordinator and administrator, are returned to the accreditation secretariat.

(a) Application for First Accreditation

If a previously unaccredited educational program or program site in an established discipline wishes to apply for accreditation, the following procedure must be followed:

(i) A request for the application form(s) must be submitted to the accreditation secretariat including the name of the program and the discipline and the names of all sites participating in the program. Ideally, a request for a first accreditation should be submitted 18 months in advance of the desired date of accreditation. A request from a clinical site joining an established, accredited program should be submitted 12 months in advance; the newly affiliated clinical site must be accredited before students are accepted.

(ii) The required number of copies of the completed application and supporting documentation as well as the required application fee (See Appendix B.4.a) must be submitted to the secretariat. An application from a clinical site wishing to become affiliated with an accredited program must include documentation indicating support from the program Advisory Committee and from the didactic institution.

(iii) Following submission of the completed application, the application is circulated to the Conjoint Committee, or its representatives, for review. The Conjoint Committee will evaluate the application against the requirements of the *Basis of Accreditation*.

(iv) If the Conjoint Committee concludes that the application is satisfactory, an on-site survey of the program site(s) will be conducted prior to determining the accreditation status(es). In some cases, for example, when a new clinical site joins an established, accredited program shortly before the next general survey of the total program, the Conjoint Committee may grant the site an interim accreditation status without conducting an on-site survey until the general survey.

If the Conjoint Committee concludes that the application is not satisfactory, the Committee will notify the program site(s) in writing of the deficiencies and necessary action to be taken by the program.

(b) **Application for Reaccreditation**

Accredited educational programs are resurveyed every 5 years. The accreditation secretariat sends application forms to the contact person at each program site several months in advance of the survey date. A schedule of on-site surveys is published annually.

B. 3. **Accreditation Survey Procedure** *

(a) An accreditation survey consists of two related segments:

(i) A thorough study of the application for accreditation; *

(ii) An on-site survey to determine, through discussions with program participants, how successfully the program is meeting desired educational objectives and the requirements of the *Basis of Accreditation*.

The on-site accreditation survey includes a review of the didactic and clinical segments of the program. For a cooperative program, all members of the * survey team participate in the survey of the didactic segment for at least half * a day. The Association of Canadian Community Colleges (ACCC) member and * at least one other survey team member remain in the didactic setting for a longer period to complete the review, while other members of the survey team proceed to clinical areas. At some time during the total survey the ACCC representative participates in a clinical visit to see the correlation between the * didactic and clinical segments of the program. For an independent program, the * survey team spends 1 day reviewing the didactic and clinical segments and their * integration. *

The on-site survey is conducted in the language of the program. A member of * the accreditation secretariat accompanies the team as a resource to the surveyors * and program personnel. *

(b) The pattern of an accreditation survey is generally as follows:

(i) initial meeting with program director/coordinator and staff;
(ii) interview with program director/coordinator; *
(iii) tour of the physical facilities for education (library, classroom(s), work areas);
(iv) brief meeting with the senior administrator of the program site; *
(v) instructor interviews;
(vi) student, graduate and employer interviews; *
(vii) review of documentation (records, minutes of committee meetings, course outlines, schedules etc., as deemed necessary on the basis of interviews);
(viii) presentation of a verbal report to the program director/coordinator and administrator outlining survey findings and recommendations to be made to the Conjoint Committee.

For a cooperative program, the verbal report of the didactic segment is * presented with the total program report at the completion of the survey. For an * independent program, the verbal report is given on the morning of the second * day of the survey. *

* B. 4. **Accreditation Fees**

* The accreditation survey process operates on a cost recovery basis. Accreditation fees
* are adjusted annually by the Committee on Allied Medical Education. An annual fee
* schedule is published each March for the following year.

* (a) **Initial Application Fee**

* An initial application fee is payable by a previously unaccredited program site upon
* submission of the application for first accreditation. The fee covers the administrative
* costs related to the review of the application by the Conjoint Committee (See
* Appendix B.2.a).

* (b) **Annual Accreditation Fee**

* An annual accreditation fee is payable by each accredited program site to cover the
* direct costs of the survey process. Invoices are issued each March; fees are payable
* by April 30.

* The annual fee consists of two portions: an on-site portion to cover the travel and
* maintenance costs of the survey team and a portion to cover survey administration
* costs. The annual accreditation fee is based on the time required for the survey. For
* a cooperative program, the fee is based on 1 day of survey time (6 hours) for the
* didactic segment and 3 hours of survey time for each clinical site. For an independent
* program, the fee is based on 1.25 days (7.5 hours) for the total survey. If the
* structure of a program is such that the on-site survey requires a different time frame,
* the annual fee will be adjusted to reflect the actual survey time required.

* No additional fee is charged to a program site at the time of the regularly-scheduled
* on-site survey every 5 years. If the Conjoint Committee determines that a resurvey
* of a program site is required between the regularly-scheduled surveys every 5 years,
* for example, in the case of significant program changes (Appendix C.2) or a
* Conditional Accreditation status (Appendix A), the cost of the resurvey shall be borne
* by the program site concerned.

* Emergency medical technology programs (level II and level III) are billed a fee for
* the didactic segment and a fee for each portion of the clinical segment (one clinical
* fee for the hospital practicum and one clinical fee for the ambulance practicum.)

* Note: Accreditation fees are subject to the Goods and Services Tax (GST) of 7%.
* Institutions which are GST-exempt must include proof of GST-exemption with
* the fee payment.

B. 5. **Appeal Procedure**

A program site is entitled to consult with the Conjoint Committee regarding the accreditation status accorded to it by the Committee. The request must be submitted in writing to the Conjoint Committee within 60 calendar days of the receipt of the accreditation survey report.

If a concern cannot be resolved at the Conjoint Committee level, the program site is entitled to appeal its status to the Committee on Allied Medical Education. The appeal must state the reasons the accreditation status is consider unjustified.

During the period in which an appeal is being considered, the original accreditation status prior to the appeal shall remain valid.

A written decision on the appeal including a statement of specifics will be submitted to the program director/coordinator and the administrator of the program site. The decision of the Committee on Allied Medical Education is final. If the Committee on Allied Medical Education is unable to reach a decision on the appeal, the Committee may arrange for a second evaluation to be conducted by a different survey team and/or the Committee may pass on the appeal to the Canadian Medical Association's Council on Medical Education.

C. **RESPONSIBILITIES OF AN ACCREDITED PROGRAM**

C. 1. **Responsibility to Implement Major and Minor Program Improvements**

The implementation of major and minor program improvements required or recommended by the survey report shall be the responsibility of the program director/coordinator at the program site involved. The implementation of improvements recommended in the total program report shall be the joint responsibility of all participating program sites and the appropriate program committee(s). To obtain Full Accreditation status, a program site must implement the major improvements required, and evidence of such implementation must be forwarded to the Conjoint Committee.

C. 2. **Responsibility to Submit Significant Program Changes to the Conjoint Committee for Approval**

Any significant changes to an accredited program must be submitted to the Conjoint Committee for approval prior to implementation (ideally, at least 3 months in advance).

The following are examples of significant program changes:

(a) changes in the curriculum (additions or deletions to courses);
(b) reduction in the number of hours of didactic or clinical education;
(c) changes in the affiliation or rotation arrangements (e.g. increase or decrease in the number of clinical sites);
(d) major changes in physical facilities (e.g. relocation to a new site).

When significant changes are made to an accredited program, the Conjoint Committee reserves the right to conduct a resurvey to determine if the altered program meets the requirements of the *Basis of Accreditation*. The cost of the resurvey will be borne by the program site(s) concerned. (See Appendix B.4.b)

The accreditation secretariat should be advised of the name of the person at each program site to whom correspondence regarding the program should be sent.

C. 3. **Responsibility to Respect the Number of Accredited Clinical Training Positions**

During an on-site survey the human and physical resources of the clinical education sites are assessed to determine the maximum number of clinical training positions that can be accommodated. The number of students assigned to a clinical site may be less than the maximum number of accredited clinical training positions.

If a program site wishes to increase the number of accredited clinical training positions, a written request must be submitted to the Conjoint Committee, usually, at least 6 months in advance.

The request must include the following information:

(a) The current number of accredited clinical training positions and the number of positions requested;

(b) A description of what arrangements have been made to ensure appropriate clinical instruction/supervision of the additional students;

(c) A list of the facilities/rotations available to accommodate the requested number of students;

(d) Documentation regarding any periods of time when the number of students at the site exceeds the number of accredited clinical positions (for example, an overlap of classes). The length of these periods and the total number of students must be indicated as well as the arrangements to ensure an appropriate student experience (rotations and supervision).

The Conjoint Committee, in consultation with the on-site survey team which previously visited the program site, will review the documentation and determine whether the maximum number of clinical training positions could be increased. A resurvey of the site may be required prior to this decision.

If an accredited program wishes to place students in a clinical site accredited in conjunction with another educational program, a request must be submitted to the Conjoint Committee documenting that such an arrangement is acceptable to all three parties involved. The new training arrangements must be approved before students begin training.

D. POLICY AND PROCEDURES FOR ACCREDITATION OF RT SUBJECT PROGRAMS IN THE FIVE GENERAL DISCIPLINES OF MEDICAL LABORATORY TECHNOLOGY

D. 1. Policy

(a) The accreditation of subject programs will be accomplished in conjunction with the accreditation of general programs in medical laboratory technology.

(b) The cost incurred for the survey of a subject program will be recovered through the annual accreditation fee paid by the program, based on the time and/or number of surveyors required.

D. 2. Specific Accreditation Procedures

(a) **Application**

Each institution wishing to be accredited for a subject program must submit an application for accreditation. An initial application fee for the subject program will be payable upon submission of the application.

If an institution is applying for accreditation of both the general and subject programs, a combined application may be submitted; however, both programs must be clearly documented within the application.

A clinical institution which applies for accreditation of a subject program must document its relationship with an accredited didactic institution.

(b) **On-site Survey**

(i) Timing

If an institution offers both the general program and a subject program, the survey of the subject program will be conducted in conjunction with the survey of the general program. If a clinical institution offers only a subject program, the survey of the subject program will be conducted in conjunction with the survey of the didactic institution with which the clinical institution is associated for the subject program.

(ii) Scheduling

The duration of the survey of a subject program will depend on the actual structure of the program.

(iii) Survey Team

Each survey team visiting a subject program will include two members of the general survey team, one of whom should have expertise in the laboratory subject being accredited.

(c) **Accreditation Survey Report and Status**

Each subject program will receive a survey report which will include the accreditation status and the number of accredited clinical training positions.

Each institution applying jointly for accreditation of the general and the subject programs will receive one survey report covering both programs. Each program (general and subject) will receive a separate accreditation status and a separate number of accredited clinical training positions.

E. POLICY AND PROCEDURES FOR ACCREDITATION OF ADVANCED PROGRAMS IN RESPIRATORY THERAPY

E. 1. Policy

(a) The accreditation of advanced programs will be accomplished in conjunction with the accreditation process for basic programs in respiratory therapy.

(b) The additional cost incurred for the survey of an advanced program will be recovered through an adjustment in the annual accreditation fee for the basic program, based on the time and/or number of surveyors required.

E. 2. Specific Accreditation Procedures

(a) **Application**

(i) **Condition for Application**

A didactic institution (community college or institute of technology) may apply for accreditation of an advanced program if it offers an accredited basic program in respiratory therapy. A clinical institution may apply for accreditation of an advanced program if it is affiliated with a didactic institution which is accredited for the basic and the advanced program, or if it offers an accredited hospital-based basic program (both didactic and clinical portions). An initial application fee for the advanced program will be payable upon submission of the application.

(ii) **Joint Application by Advanced and Basic Programs**

An institution applying for accreditation of an advanced program and the basic respiratory therapy program at the same time may submit a combined application for accreditation; however, both programs must be clearly documented in the application.

(iii) **Separate Application by Advanced Program** *

If an institution wishes to apply for accreditation of an advanced program before the term of accreditation for the basic program is completed, a separate application for accreditation of the advanced program may be submitted. * * *

The application for the advanced program will be reviewed by the Conjoint Committee and if satisfactory, the advanced program may be granted Interim Accreditation without an on-site visit with the understanding that the on-site survey will take place at the time of the general survey of the basic program. * * * * *

If the application is not satisfactory, the Conjoint Committee may request additional information and/or conduct an on-site survey before reaching a decision on the accreditation status of the advanced program. If an on-site survey is conducted before the general survey of the basic program, the program will be expected to cover the cost of the survey, in addition to the initial application fee and the annual accreditation fee. * * * * * *

(b) On-site Survey *

(i) Timing *

The survey of an advanced program will be conducted in conjunction with the survey of the basic program. * *

(ii) Scheduling *

The duration of the survey will depend on the actual structure of the program. * *

General Guidelines: *

Each institution offering an advanced didactic program and a basic didactic program will be visited by one team of two or three surveyors for 1.5 days or by two teams of two surveyors for a total of 1 day. * * *

Each institution offering an advanced clinical program and a basic clinical program will be visited by a team of two surveyors for a total of 4 hours; a clinical institution offering only an advanced program will be visited by a team of two surveyors for a total of 2 hours. * * * *

(iii) Survey Team *

Each survey team visiting an advanced program ideally will include a physician and a respiratory therapist who have expertise in the specialty. * *

(c) **Accreditation Survey Report and Status**

Each institution applying jointly for accreditation of an advanced and a basic program will receive one survey report covering both programs. Each program (advanced and basic) will receive a separate accreditation status and a separate number of accredited clinical training positions.

F. SAMPLES OF THE APPLICATION FOR ACCREDITATION

Samples of the applications for accreditation of the didactic and clinical segments of the program follow.

Copies of the application are sent to the program director/coordinator at each program site several months in advance of the regularly-scheduled survey every 5 years.

Additional copies may be obtained from:

The Accreditation Secretariat
The Canadian Medical Association
P.O. Box 8650
1867 Alta Vista Drive
Ottawa, ON K1G 0G8

The Canadian Medical Association

L'Association médicale canadienne

P.O. Box/C.P. 8650
1867 Alta Vista
Ottawa, Canada
K1G 0G8

(613) 731-9331

FACSIMILE
(613) 731-9013

APPLICATION FOR THE ACCREDITATION OF AN EDUCATIONAL PROGRAM IN AN ALLIED MEDICAL DISCIPLINE

Didactic Segment of Program

A multidisciplinary application form prepared by
the Conjoint Committees for the Accreditation
of Educational Programs in Allied Medical Disciplines

Revised 1991

DIRECTIONS FOR COMPLETION OF THE APPLICATION

1. **MINIMIZE LENGTH - 20 TO 30 PAGES IS SUGGESTED**
   To achieve this: - use both sides of the paper
   - put 2 short submissions on one page, if possible

2. **NUMBER EACH PAGE CONSECUTIVELY FROM BEGINNING TO END**

   Insert in the "CONTENTS OF APPLICATION" the page number on which each of the sections begins.

3. **IDENTIFY EACH SUBMISSION BY A PROJECTING TAB**

   Surveyors need to be able to find each section quickly during the on-site survey.

4. **DO NOT INCLUDE WITH APPLICATION:**
   Course outlines and minutes of meetings.
   (You will receive further information regarding the review of these documents).

5. **BIND EACH COPY IN A SOFT COVER**

   Three-ring binders are too heavy. Surveyors often have 4-5 applications to carry on-site.

6. **DUPLICATION OF INFORMATION**

   If duplication of information occurs in the didactic and clinical submissions, include the information only once and use a cross-reference on the "CONTENTS OF APPLICATION" to indicate which application contains the information.

7. **COMMON CLINICAL SUBMISSION**

   A common clinical submission may be prepared for any documentation which is identical for all clinical affiliates. Examples are: program objectives, program length, student records, student evaluation forms, and self-evaluation forms. Please see clinical application, submissions 4, 6, 15, 17, 21. This submission may be prepared jointly by the didactic and clinical institutions. If this model is used, each clinical application must clearly cross-reference where the required information may be found.

8. The completed application consists of all submissions and documentation listed in the "CONTENTS OF APPLICATION". The required number of completed applications must be submitted 2 months prior to your survey date to:

   Allied Medical Education Accreditation
   The Canadian Medical Association
   P.O. Box 8650, 1867 Alta Vista Drive
   Ottawa ON K1G 0G8

DIRECTIONS TO LOCATE YOUR INSTITUTION/PROGRAM SITE*

Time management is vital for the survey team. The following information will allow the team to locate your institution and your department easily and to adhere to their schedule.

PLEASE:

- include a diagram of your institution indicating the wing or pavilion in which your department is situated;
- indicate the surrounding streets and the parking area;
- indicate which entrance to your institution the team should use if they arrive by car and whom should they ask for at the reception area;
- indicate which entrance of your institution they should use if they arrive by taxi;
- include a street map of your city if you think the survey team will need it;
- include a road map of your area of the province if you think the survey team will need it.

* **INSERT THIS INFORMATION IMMEDIATELY AFTER THE TITLE PAGE OF YOUR APPLICATION**

DIDACTIC APPLICATION FOR ACCREDITATION

DATE OF APPLICATION _____

NAME OF ALLIED MEDICAL DISCIPLINE _____

NAME AND ADDRESS OF INSTITUTION (as it will appear on the survey report and the accreditation certificate) _____

_____

_____

TYPE OF PROGRAM
____ Cooperative Didactic/Clinical Program
____ Independent Program

ACCREDITATION REQUESTED
____ First Accreditation of New Program
____ First Accreditation of Existing Program
____ Re-accreditation of Established Program

ANNUAL STUDENT ENROLMENT (DIDACTIC) _____

OTHER ACCREDITED PROGRAMS AT THIS INSTITUTION _____

_____

_____

_____

RESPONSIBILITY FOR THE PROGRAM

ADMINISTRATOR

Name _____ _____
(please print) Signature

Official title _____

PROGRAM DIRECTOR/COORDINATOR

Name _____ _____
(please print) Signature

Official title _____

CHAIRMAN OF ADVISORY COMMITTEE

Name _____ _____
(please print) Signature

Official title _____

CONTACT PERSON TO WHOM ALL CORRESPONDENCE SHOULD BE FORWARDED

This person should have sound knowledge of the operation of the program.
Newsletters, survey reports, ongoing correspondence and phone calls will be directed to the contact person.

Name _____ _____
(please print) Signature

Official title _____

Telephone Number (___) _____ Fax number (___) _____

PERSON TO WHOM INVOICE FOR ACCREDITATION FEES SHOULD BE FORWARDED

Name _____ _____
(please print) Signature

Official title _____

Telephone Number (___) _____ Fax number (___) _____

CONTENTS OF APPLICATION

SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
INTRODUCTION	Summary of remedial action taken on recommendations from previous survey report. Include a copy of the previous didactic and total program survey report.		
A RESPONSIBILITY FOR THE PROGRAM	An organization chart or other clear description of the reporting relationships of program personnel; Indicate how the areas of responsibility are distributed between the didactic and clinical program sites. Indicate how frequently and by whom these responsibilities are reviewed. Describe how the respective sites are advised of their responsibilities towards the students. Indicate if there is a contract but DO NOT include a copy of the contract. A statement by the administrator of the institution regarding the level of support provided to this program in relation to others at the site. Proposed changes that will affect the program financially or operationally should be described.	PART I A	
B ADVISORY COMMITTEE	A membership list indicating: - each member's position in the program and his/her employer institution; - the name of the chairman; A statement on: - whether all institutions are represented on the committee; - frequency of meetings; - average attendance as a percentage of membership. A copy of the terms of reference for the advisory committee; A brief outline of some major issues addressed/resolved by the committee within the past 2-3 years that would indicate it is fulfilling its responsibility to the program.	PART I B.1	

SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
C FACULTY LIAISON COMMITTEE	A membership list indicating: - each member's position in the program and his/her employer institution; - the name of the chairman; A statement on: - frequency of meetings; - average attendance as a percentage of membership; A copy of the terms of reference for the faculty liaison committee; A brief description of the mechanism to communicate issues to the advisory committee, and a list of issues that have been brought to the advisory committee within the past 2-3 years.	PART I B.2	
D PROGRAM OBJECTIVES	A list of the broad objectives for the TOTAL PROGRAM; A list of the general objectives for the DIDACTIC portion of the program; Statements on the method(s) used to review objectives for relevancy, the frequency of the review and the individuals involved. DO NOT submit detailed course outlines or course-specific objectives for the didactic segment. Surveyors will review these on-site.	PART I C	
E EXAMINATION RESULTS	A summary of national examination results for students from this program for the past 5 years (or lesser time depending on length of time program has been in operation). The summary should include original class size, number of examination candidates, and pass/fail figures. NOTE: Submission E is not applicable for new programs or those where national examinations are not in place.	PART I C(g)	

CONTENTS OF APPLICATION

SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
F PROGRAM STRUCTURE	An outline of the planned didactic education, by semester or quarter. (A suggested format for Submission F is attached but this may be adapted to suit individual programs.) A description of the method and frequency of curriculum revision. Indicate if the curriculum is in excess of the syllabus of the national certifying/registering body or other curriculum guideline and the reason for the additions. DO NOT submit course outlines.	PART I D	
G PROGRAM LENGTH	The format of Submission G is attached.	PART I D	
H DIDACTIC/ CLINICAL INTEGRATION	A description of the mechanism used to establish an appropriate balance of didactic/clinical education for the overall program. A description of the mechanism(s) to ensure the didactic education is relevant to clinical practice and the overall clinical education is correlated with the didactic segment. A description of any recent changes to the balance of didactic/clinical education for the program.	PART I A & D	
I PROGRAM DIRECTION/ COORDINATION	A description of who is responsible for the overall direction and ongoing coordination of the program. If more than one person is designated, indicate the responsibilities of each person (job description) and the proportion of time allocated. A brief resume of the qualifications and relevant experience of the person(s) responsible for program direction and coordination (maximum 1 page each).	PART I E	
J DIDACTIC PROGRAM STAFF	List of didactic program staff. (A suggested format for Submission J is attached.)	PART I F	

CONTENTS OF APPLICATION

SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
K STAFF PROFESSIONAL DEVELOPMENT	A statement on the policy for staff professional development and an indication of the extent to which support is provided. DO NOT submit a copy of the policy. An outline of the kinds of professional upgrading undertaken by didactic staff members in recent years, the length of time involved, names of staff members who participated. (This outline would include any returns to the clinical milieu and the nature of these returns-to-practice i.e. observation, regular duty, etc.). (A suggested format for Submission K is attached.)	PART I F	
L MEDICAL INPUT	A statement on how medical input to the program is achieved, including medical input to the advisory committee.	PART I I	
M STUDENT RECORDS	An example of each of the following forms (not actual student records): - application for admission to the program; - evaluation and promotion records for each phase of the program; - health records. Indicate who is responsible for maintaining each record and which didactic or clinical program staff have access to it.	PART I J.1	
N RECORDS OF INSTRUCTION	Samples of the forms used to record: - lectures given (subjects and dates); - tests given (subjects and dates); - student performance evaluations.	PART I J.2	
O PROGRAM POLICIES	A copy of program policies such as: - student selection; - student evaluation & promotion; - student appeal procedures; - student transfers; - immunization. Describe how policies and changes in policies are approved and communicated to staff and students. **NEW PROGRAMS:** Some policies and procedures may be in existence but not yet operational; please add a notation to this effect on the submission(s).	PART I K	

CONTENTS OF APPLICATION

SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
P STUDENT SAFETY	A brief description of the policies and procedures to ensure student safety while in clinical practice areas (e.g. manual/handouts, safety lectures, emergency/fire equipment.) DO NOT submit safety manuals.	PART I G.4; PART II Specific Disciplines	
Q EDUCATIONAL FACILITIES	A description of the educational facilities designated specifically for students of this program and facilities they share with students from other programs; A list of the major clinical practice equipment available for student use; DO NOT submit complete inventory list. A list of the texts students are required to purchase.	PART I L	
R NUMBER OF STUDENTS	The format of Submission R is attached.	PART I M	
S PROGRAM SELF-EVALUATION	A description of the ongoing program self-evaluation process, including: - methods used to gather information, including samples of forms and questionnaires; - participants (i.e. staff, students, administration, employers, public committees); - aspects of the program that were studied; - strengths identified, areas where improvement was considered necessary; - changes implemented or planned as a result of findings; - how the self-evaluation processes for the didactic and clinical segments of the program are integrated into the total program self-evaluation process.	PART I N	

SUBMISSION F

PROGRAM STRUCTURE

SUBJECT	NAME OF LECTURER	Total hours	BREAKDOWN OF TIME Lectures Labs.	FREQUENCY OF TESTS Oral Practical Written

SUBMISSION G

PROGRAM LENGTH

	DIDACTIC SEGMENT	CLINICAL SEGMENT
YEARLY COMMENCEMENT DATE		
NET LENGTH OF EACH SEGMENT IN WEEKS (EXCLUDING VACATION AND ACADEMIC OR TERM BREAKS)		

RATIO OF DIDACTIC/CLINICAL TIME

If changes to the lengths of the didactic or clinical segments have been made recently, please describe the changes.

SUBMISSION J

DIDACTIC PROGRAM STAFF

NAME OF STAFF MEMBER	Professional Qualifications	POSITION IN PROGRAM	FULL OR PART TIME	YEARS OF EXPERIENCE Teaching Clinical	REGISTRATION WITH PROF. ASSOC/ SOCIETY Nat'l Prov.

26

SUBMISSION K

STAFF PROFESSIONAL DEVELOPMENT

NAME OF INSTRUCTOR	DATE (list for the past 5 years)	TYPE OF ACTIVITY (courses, conferences, return to clinical milieu)	DURATION OF ACTIVITY

1991

SUBMISSION R

NUMBER OF STUDENTS IN CLINICAL SEGMENT OF PROGRAM

TOTAL NUMBER OF CLINICAL POSITIONS REQUIRED FOR THE PAST 5 YEARS

(19) ____ (19) ____ (19) ____ (19) ____ (19) ____

CLINICAL INSTITUTIONS (please list all sites providing a clinical rotation)	NUMBER OF ACCREDITED CLINICAL TRAINING POSITIONS	ACTUAL NUMBER OF STUDENTS FOR PAST 5 YEARS 19___ 19___ 19___ 19___ 19___

FORMSE : APPLICAT.DID

APPLICATION FOR THE ACCREDITATION OF AN EDUCATIONAL PROGRAM IN AN ALLIED MEDICAL DISCIPLINE

_____

Clinical Segment of Program

_____

A multidisciplinary application form prepared by
the Conjoint Committees for the Accreditation
of Educational Programs in Allied Medical Disciplines

Revised 1991

DIRECTIONS FOR COMPLETION OF THE APPLICATION

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   - use both sides of the paper
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   Course outlines and minutes of meetings.
   (You will receive further information regarding the review of these documents).

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8. The completed application consists of all submissions and documentation listed in the "CONTENTS OF APPLICATION". The required number of completed applications must be submitted 2 months prior to your survey date to:

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   The Canadian Medical Association
   P.O. Box 8650, 1867 Alta Vista Drive
   Ottawa ON K1G 0G8

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Time management is vital for the survey team. The following information will allow the team to locate your institution and your department easily and to adhere to their schedule.

PLEASE:

- include a diagram of your institution indicating the wing or pavilion in which your department is situated;
- indicate the surrounding streets and the parking area;
- indicate which entrance to your institution the team should use if they arrive by car and whom should they ask for at the reception area;
- indicate which entrance of your institution they should use if they arrive by taxi;
- include a street map of your city if you think the survey team will need it.
- include a road map of your area of the province if you think the survey team will need it.

* **INSERT THIS INFORMATION IMMEDIATELY AFTER THE TITLE PAGE OF YOUR APPLICATION**

CLINICAL APPLICATION FOR ACCREDITATION

DATE OF APPLICATION _____

NAME OF ALLIED MEDICAL DISCIPLINE _____

NAME AND ADDRESS OF INSTITUTION (as it will appear on the survey report and the accreditation certificate)

_____

_____

_____

_____

TYPE OF PROGRAM

_____ Cooperative Didactic/Clinical Program
_____ Independent Program
_____ Other (specify) _____

ACCREDITATION REQUESTED

_____ First Accreditation of New Program
_____ First Accreditation of Existing Program
_____ First Accreditation of Clinical Site joining Established Program
_____ Re-accreditation of Established Program

CLINICAL EXPERIENCE PROVIDED FOR EACH STUDENT

_____ Full Clinical Experience (____ weeks)
_____ Major Clinical Rotation (____ weeks)
_____ Minor Clinical Rotation (____ weeks)

NUMBER OF ACCREDITED CLINICAL TRAINING POSITIONS

_____ Number previously accredited

_____ Number now requested

OTHER ACCREDITED PROGRAMS AT THIS INSTITUTION

_____

_____

_____

_____

RESPONSIBILITY FOR THE PROGRAM

ADMINISTRATOR

Name _____ _____
(please print) Signature

Official title _____

MEDICAL DIRECTOR/ADVISOR

Name _____ _____
(please print) Signature

Official title _____

CLINICAL INSTRUCTOR/COORDINATOR

Name _____ _____
(please print) Signature

Official title _____

CONTACT PERSON TO WHOM ALL CORRESPONDENCE SHOULD BE FORWARDED

This person should have sound knowledge of the operation of the program.
Newsletters, survey reports, ongoing correspondence and phone calls will be directed to the contact person.

Name _____ _____
(please print) Signature

Official title _____

Telephone Number (___) _____ Fax number (___) _____

PERSON TO WHOM INVOICE FOR ACCREDITATION FEES SHOULD BE FORWARDED

Name _____ _____
(please print) Signature

Official title _____

Telephone Number (___) _____ Fax number (___) _____

CONTENTS OF APPLICATION

SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
INTRODUCTION	Summary of remedial action taken on recommendations from previous survey report. Enclose a copy of the previous survey report.		
1 RESPONSIBILITY FOR THE PROGRAM	A chart or other clear description of the organization of personnel for this program. Identify the person who assumes major responsibility for the program at this site AND the person who certifies the students as ready to sit the national or equivalent examination. Indicate how the areas of responsibility are distributed between the didactic and clinical segments of the program. Indicate how frequently and by whom these responsibilities are reviewed. Describe how the respective program sites are advised of their responsibilities toward the students. Indicate if there is a contract but DO NOT include a copy of the contract. A statement by the administrator of the institution regarding the level of support provided to this program in relation to others at the institution. Proposed changes that will affect the program financially or operationally should be described.	PART I A	
2 ADVISORY COMMITTEE	A brief description of your institution's involvement on the advisory committee, including: - the name of your representative on the committee and his/her title within your institution and within the program; - frequency of attendance of your institution at meetings (% meetings attended); - a statement of your institution's satisfaction or concern with the advisory committee's fulfilment of obligations to the program.	PART I B.1	
3 FACULTY LIAISON COMMITTEE	A brief outline of your institution's involvement with the faculty liaison committee (instructors' committee), including any subcommittees. Include: - name(s) and title(s) of the person(s) representing this institution on the committee; - frequency of attendance of your institution at meetings (% meetings attended); - your institution's satisfaction with the effectiveness of the committee (i.e. the extent to which it fulfils its obligation to the program).	PART I B.2	

CONTENTS OF APPLICATION

SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
4 PROGRAM OBJECTIVES	A copy of the CLINICAL OBJECTIVES for this segment of the program; Information on: - the name of the group or individual responsible for setting the clinical objectives; - the system that is in place to ensure that objectives keep pace with current clinical practice (i.e. who is responsible for seeing that new techniques, etc. are added to the curriculum?); - how and when clinical objectives are communicated to staff and students (e.g. does each student and member of the teaching staff receive a copy and, if so, when?). Note: If common clinical objectives are used by all participating clinical sites, a common submission may be prepared in conjunction with the didactic institution. If this model is used, include a cross-reference to where the objectives will be found in the common clinical submission.	PART I C; PART II Specific Disciplines	
5 EXAMINATION RESULTS	A summary of national examination results for students from this institution for the past 5 years (or lesser time depending on length of time the institution has been involved in the program). The summary should include original class size, number of examination candidates, and pass/fail figures. Note: Submission 5 is not applicable for some programs, e.g. new programs or disciplines in which national examinations are not in place.	PART I C(g)	
6 PROGRAM LENGTH	Information on program length will be submitted in the DIDACTIC application. However, the following specific information is requested from the clinical institution: - the length and objectives of any orientation period that your institution provides for students PRIOR to their entry into the didactic portion of the program; - the length and frequency of clinical practice/observation periods that your institution provides for students during their didactic segment.	PART I D; PART II Specific Disciplines	

CONTENTS OF APPLICATION

SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
7 CLINICAL ROTATION SCHEDULE	The schedule for student rotations at this site including the number of weeks the student spends in each area. (A form for Submission 7 is attached to the application.) Indicate on the outline the number of written tests during the clinical rotations and at what points during the training these take place.	PART I G.2; PART II Specific Disciplines	
8 OUTSIDE ROTATIONS	If your institution arranges for rotations of the students to other sites, please describe these rotations including: - name of rotational site; - reason for the rotation (procedure/equipment to be learned); - length of the rotation; - mechanisms for supervision/evaluation of students.	PART I G.2	
9 CLINICAL INSTRUCTOR/ COORDINATOR	Specific information on the clinical instructor/coordinator's - job description; - academic qualifications; - length of clinical experience; - length of teaching experience; - title, duration and date of professional development activities. NOTE: If clinical instructor/coordinator is part-time, include information on other departmental responsibilities and the percentage of time allocated for the educational program.	PART I G.1; PART II Specific Disciplines	
10 PROGRAM STAFF	A list of all departmental staff involved in clinical instruction/supervision of students. A suggested format for Submission 10 is attached to the application form. Institutions may adapt the form to suit individual needs.	PART I G.3	

CONTENTS OF APPLICATION

SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
11 STAFF PROFESSIONAL DEVELOPMENT	An outline of the institution's stated policy on staff professional development, including information on the extent to which support is provided. Indicate how many program staff members (i.e. staff involved directly with students) have taken advantage of developmental opportunities in recent years and the form this development has taken (i.e. courses, seminars, workshops). DO NOT submit a copy of the institution's staff development policies.	PART I G.1	
12 INSTRUCTOR/ STUDENT RATIO	A statement of the instructor/student ratio at this institution. (Include all staff who are involved in student instruction/supervision.) If changes to the ratio are contemplated, please describe. If teaching is considered to be an integral part of a staff member's responsibilities, describe HOW and WHEN the member is made aware of this fact.	PART I H; PART II Specific Disciplines	
13 MEDICAL DIRECTOR/ ADVISOR	A brief statement (maximum 1 page) of the professional qualifications/area of specialty of the physician directing/advising the program, accompanied by statements on: - length of time as physician directing/advising the program; - the extent of involvement with the student program; - the approximate percentage of time devoted to program matters per month. DO NOT submit résumé.	PART I E, I; PART II Specific Disciplines	
14 MEDICAL INPUT	A description of the kinds of contributions to the program that are being made by members of the medical staff and other involved professional staff (PhD) at this institution.	PART I I	
15 STUDENT EVALUATIONS	Statements on: - the frequency of student evaluations; - who performs student evaluations (instructor, department staff, medical staff); - when and how results are discussed with the student; - procedure followed when evaluation reveals student is having difficulty in achieving competence in a given area. A sample of the form(s) used to evaluate student performance. If the same evaluation forms are used in all clinical sites, they may be submitted in the COMMON CLINICAL SUBMISSION.	PART I C, G.2, J.1	

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SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
16 OCCUPATIONAL HEALTH AND SAFETY MEASURES	Information should be submitted on: - the protective practices and devices specifically related to this discipline; - immunization; - safety instruction provided (e.g. classes/safety manual); - protocol for dealing with student injuries; - frequency of internal and outside agency inspections (e.g. AEFL or provincial laboratory safety committee); - a description of any abnormal findings from above inspections and the resulting action(s).	PART I G.4; PART II Specific Disciplines	
17 STUDENT RECORDS	A sample of each of the following forms in use at this institution (not actual student records): - application for admission to the program; - evaluation and promotion records for each phase of the program; - health records. Indicate who is responsible for completing each form and where it is kept on file (e.g. clinical instructor's office, central file, etc.). If the same forms are used in all clinical sites, they may be submitted in the COMMON CLINICAL SUBMISSION.	PART I J.1	
18 PROGRAM POLICIES	This submission usually applies only to independent programs. If your institution has its own program policies, for example, student selection, student evaluation and promotion, etc., please include a copy of each policy. Include a statement explaining how students and staff are made aware of these policies.	PART I K	

CONTENTS OF APPLICATION

SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
19 EDUCATIONAL FACILITIES	A list of the educational resources for students of this program. A list of major equipment that is available for student use. Impending purchases or other changes to equipment should be included. The purpose of this list is to assure the committee that a satisfactory range of up-to-date equipment is available to students. DO NOT submit a complete inventory list. An indication of the yearly work volume in the department(s) through which the students rotate at this institution. A list of any procedures that are required by the national curriculum but not available to students at this institution and an indication of where students obtain experience in these procedures.	PART I L; PART II Specific Disciplines	
20 NUMBER OF STUDENTS	This submission should include the following information: - the maximum number of clinical training positions for which your program site is currently accredited; - the actual number of students trained in your program site each year since the previous on-site survey; - the length of any periods, e.g. overlap periods, when the number of students at your site exceeds the number of accredited clinical positions. State the total number of students present and the arrangements to ensure appropriate student experience (rotations and supervision); - the maximum number of clinical training positions for which you are now applying for accreditation. If this number differs from your current number of accredited positions, please include a statement of explanation.	PART I M; APPENDIX C.3	

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SUBMISSION	DOCUMENTATION REQUIRED	BASIS OF ACCRE-DITATION REFERENCE	PAGE # IN APPL'N
21 PROGRAM SELF-EVALUATION	A description of your institution's process of program self-evaluation, indicating: - a brief description of the method(s) & samples of forms used to collect information (e.g. questionnaires, written submissions, meetings, interviews, etc); - names and titles of those who contribute information; - how results of the evaluation are communicated to the contributors; - a summary of program changes made as a result of program evaluation; - a description of how this institution's program self-evaluation process is integrated with the self-evaluation process of the total program. If the same forms are used in all clinical sites, they may be submitted in the COMMON CLINICAL SUBMISSION. 128	PART I N	

SUBMISSION 7

CLINICAL ROTATION SCHEDULE

CLINICAL ROTATION	TIME STUDENT SPENDS IN THIS AREA	OUTLINE OF STUDENT EXPERIENCE	FREQUENCY OF TESTS ORAL/PRACTICAL/ WRITTEN	FREQUENCY OF EVALUATIONS	NAME & TITLE OF PERSON WHO EVALUATES STUDENTS

Indicate what exposure students receive to night, weekend, evening and emergency duty and at what point in the program this exposure begins.

SURVEYS : CLINENG

SUBMISSION 10

PROGRAM STAFF

(List all staff involved in instruction/supervision of students)
(Suggested format only; may be adapted if desired)

NAME OF STAFF MEMBER	Professional Qualifications	POSITION IN PROGRAM	FULL OR PART TIME	YEARS OF EXPERIENCE Teaching Clinical	REGISTRATION WITH PROF. ASSOC/ SOCIETY Nat'l Prov.